

Santa Clara Valley Wellness Foundation

2025 Application Packet

Summer Healthcare Internship Program (SHIP) & Alan J. Peterson Scholarship

OVERVIEW

College Major/Area of Study:

Certified Nursing Assistant, Nursing, Dental Hygienist, Dentist, Emergency Medical Technician (EMT), Physician Assistant, Physician, Occupational or Physical Therapy, Psychology/Counseling, Public Health, Radiology Tech, Interventional Radiologist, Social Work or other medical fields.

Student Profile:

Graduating high school seniors or high school graduates who have resided in the Santa Clara River Valley (Fillmore, Piru or Santa Paula) for at least three (3) years, and are enrolling or enrolled in an accredited vocational school, community college, or four-year college or university who intend to earn a degree or certificate in an approved health field and then practice in Ventura County upon completion of their studies.

Special Requirements:

Essay must state the applicant's intent to practice in Ventura County upon completion of studies. Award:

\$1,000.00. Average # of Awards: 4

FREQUENTLY ASKED QUESTIONS (FAQ)

What is the Santa Clara Valley Wellness Foundation?

The Foundation is a non-profit charity dedicated to promoting the sustainability of the health and wellbeing of the people of the Santa Clara River Valley, through grants and scholarships.

What is the Alan J. Peterson Scholarship Fund?

The Peterson Scholarship Fund was established in memory of Dr. Alan J. Peterson, a physician who practiced in Santa Paula for many years, to support people from our communities who want to attain or strengthen their professional skills in healthcare, and who plan to practice their profession in our local communities.

What if I'm not a "straight A" student?

Preference is given to applicants with a 3.0 or greater GPA.

What if I'm not sure where I'll be going to school?

Indicate your preferences of schools on your application. This will not affect your eligibility for a scholarship as long as you continue to meet the specific scholarship guidelines. The scholarship funds will be sent directly to

the school's financial aid office once you verify that you are attending the school by sending a copy of registration for courses.

How do I know if I'm eligible?

Check the eligibility guidelines to see whether you are eligible for a Peterson Scholarship. Note: Employees and Board Members of Santa Clara Valley Wellness Foundation are not eligible.

Is there a fee to apply?

No, there is no application fee.

Are the scholarships large enough to pay the full cost of my education?

No. In addition to applying for the Peterson scholarships, you should fill out a FAFSA form and have it sent to the schools you are considering to access scholarships and financial aid through the school.

Do I need to pay scholarship money back?

No. These are charitable grants that do not require repayment.

Who selects the recipients?

The Foundation's Scholarship Selection Committee consists of Foundation Board Members. Final approval of recipients is the responsibility of the Foundation's Board of Directors.

What happens if I am selected as a scholarship recipient?

If you are chosen to receive a scholarship, you will be notified by email or phone number listed.

If I am selected as a recipient, how and when do I receive a check?

Scholarship funds are disbursed directly to the university/college you will be attending.

SUMMER HEALTHCARE INTERNSHIP PROGRAM (SHIP) OVERVIEW

The Program:

SHIP is a five to six-week paid internship program. The program is for students in the 11th and 12th grades living within the Fillmore, Santa Paula and Piru School district. In partnership with the Ventura County Healthcare Agency, SHIP is an opportunity for students to experience the professional opportunities that being a part of the healthcare delivery system in the Santa Clara Valley can afford.

SHIP participants will learn about the various departments of the Ventura County Medical Center Campus. Students will go through a screening process and attend an orientation. They will be expected to report, communicate, file, agree to and demonstrate work ethic, workplace expectations, and dress codes. They will work with other participants. They will attend the graduation reception at Ventura County Summation Ceremony and Santa Paula Wellness Foundation Closing Program.

Program Information:

The program runs from June 16 to August 2nd, 2025. Eligible applicants must be **17 yrs of age by June 1st, 2025**, must be entering their Senior year in the Fall of 2025 or be graduating from high school by the end of Summer 2025. SHIP interns are paid minimum wage according to state and federal laws and will develop a schedule and goals with a mentor for their four-to-six-week assignment to departments and clinics.

Workdays are Monday through Friday, typically from 8 am to 4-5 pm. Schedules may require students to present at 7 am, contingent on Program Manager and/or assignments in partnership with assigned areas of work. Interns are required to attend the assignment orientations, a new employee orientation, a healthcare career Q&A session, and the graduation reception.

The SHIP Intern:

Is motivated to experience the professional opportunities of the various aspects of the healthcare delivery system that is represented by the various departments of the County Healthcare Agency. These include on campus departments such as support services, med-surg, OB, emergency, lab, radiology, clinics; administration; and support.

For completion, an intern begins with the complete application, selection for the program, program participation, weekly check ins, graduation and follow-up. Each group will undergo basic orientation to the Healthcare Agency through employee orientation. This is a three-day process. The successful intern will demonstrate a desire to develop discipline within the agency and foundation expectations. Focused through a set of SHIP objectives, the intern will experience objective setting, goal measurement and feedback from program mentors through the framework of service delivery. If selected, adherence to all rules, regulations and expectations are required. Inability to meet expectations, guidance and regulations will result in **IMMEDIATE** termination from the program.

Program Objectives

To build a skill set, work ethic, and work discipline in the healthcare field. To provide an opportunity for students to explore potential future healthcare careers.

To support and develop the set of skills from within our local student pool to sustain the future needs of our hospitals, healthcare agency and programs in the Santa Clara Valley. To affirm the Santa Clara Valley Wellness Foundation to community wellness by assisting students to develop employment skills that can allow direct links between services, wellness and the strong multi-generational nature of the people who are part of the Santa Clara Valley communities. To provide an integrated set of programs for development of applicants to the Santa Clara Valley Wellness Foundation scholarship program.

Santa Clara Valley Wellness Foundation 2025 Application

Applicant's Name:

I wish to apply for the (be sure to check either one or both if applicable):

- Alan J. Peterson Scholarship for Health Education (for graduating Seniors **only**)
- Summer Healthcare Internship Program (SHIP) Summer 2025 (Seniors & Juniors)

Submission Instructions:

- Complete one (1) original application.
- Make two (2) additional application packets by photocopying the completed original application packet:

- Pages 4-9
- single sided no back-to-back copies

To avoid disqualification, follow the instructions carefully.

Use the checklist below to know what to include with your application:

- Application Form - with sections 1 through 3 completed (print legibly or typed), signed, and dated.
- Two letters of recommendation – at least one from current faculty or professional supervisor. Letters need to be on letterhead, signed, and dated within the past 6 months. Letters should attest to your achievements, character, promise, and any sustained community service observed. Ask for them unsealed, if possible so you can photocopy them.
- One essay of 700 to 750 words – (typed, double-spaced, 1" margins) personally written, so the selection committee can get to know you better as a person and as a student. Include education and desire to pursue a career in healthcare. Your essay must state your intent to practice in Ventura County upon completion of studies.
- Transcripts – complete transcript request form in your school's Records Office well in advance of the date needed. Do not have transcripts mailed directly to the Foundation. You must pick the transcripts up from your school's Records Office to include with your application packet. Request one additional Unofficial Transcript that you will use to make photocopies to include in each of the application packets you are submitting and one Official Transcript (sealed) that will be clipped to the top of all the completed application packets you are submitting. Only one official sealed transcript is required to apply.
- Paper clip each application packet together (NO staples anywhere)
- All application packets must be received no later than 5:00 p.m. on January 31, 2025. No late or incomplete applications will be accepted.

Mail Application and Supporting Materials to:

Santa Clara Valley Wellness Foundation
P. O. Box 348
Santa Paula, CA 93061

Or

Submit to your High School Counselor

Section 1:

Name: Email:
Last Name, First Name, M.I.

Address: DOB:
Number & Street, City, State, Zip Code

Age: Gender: Phone Number: Last 4 digits of Social Security:

*We will contact you via email or phone, please provide current information

I have resided in Fillmore, Santa Paula or Piru since (month/year):

Name of Parent(s)/Guardian(s):

What high School will, or have, you graduated from?

City: Graduation Date (month/year):

GPA (cumulative/weighted):

Other Secondary School(s) attended (name and dates attended):

If you are currently attending college, provide the following: Name of School, City, State, and Start Date

College GPA: Test Scores (if applicable):

Graduating high school seniors & transferring community college students should list names of colleges/universities/trade schools you have applied to or plan to attend: (List in order of preference; bold the schools to which you have been accepted)

Expected area of study or college major:

Section 2:

Applicant's Name:

Use only the space provided here to list your school, community, volunteer, and/or work experience. Include both start & end dates of involvement for school & community activities; note hours spent per week & weeks per year.

School Activities: List the extracurricular school activities in which you have participated during your high school years (or in college if you are now a college student). Please list activities in order of importance to you.

Activity	Description of leadership positions and/or awards received	Dates of Involvement	Hours per week/# of weeks per year

Community Volunteer Activities: List the community, volunteer and/or religious activities in which you have participated during your high school years (or college as applicable). List activities in order of importance to you.

Activity	Description of leadership positions and/or awards received	Dates of Involvement	Hours per week/# of weeks per year

Section 2 (continued):

Applicant's Name:

Work Experience: List any paid work experience you had during the past 3 years, beginning with the most recent position.

Name of Business	Description of position held and responsibilities	Dates of Employment	Hours per week/# of weeks per year

I attest that all the preceding statements in this application are true.

Applicant's Signature:

Date:

[Space left blank Intentionally]

Section3:

Important Privacy Notice for Applicants

You have the right to control whether we share some of your personal information. Please read the following information carefully before you make your choices below.

Your Rights

You have the following rights to restrict the sharing of personal information with our Scholarship Committee, which is composed of independent volunteers from the community. Nothing in this form prohibits the sharing of information necessary for us to follow the law, as permitted by law.

Your Consent

By signing this document below, you hereby grant permission to the Santa Clara Valley Wellness Foundation to share and disclose personal information with the members of our Scholarship Committee.

Your consent will remain in effect until revoked or modified by you. You may revoke your consent at any time by providing the Foundation with written notice of your intent to revoke this consent. Santa Clara Valley Wellness Foundation will maintain this document or a true and correct copy thereof. You are entitled to a copy of this document upon request and may want to keep a copy of this document for your records. ***NOTE: If this consent form is unsigned, your application WILL NOT be considered.**

Applicant's Name:

Date:

Applicant's Signature:

Parent/Guardian Name:

Date:

Parent/Guardian Signature:

Parent/Guardian Name:

Date:

Parent/Guardian Signature:

Section 3 (continued):

Consent for Publicity: If selected as a recipient of the internship program or scholarship administered by the Santa Clara Valley Wellness Foundation, I agree to allow my name and/or photograph to be utilized in news releases and publicity materials of the Santa Clara Valley Wellness Foundation, including but not limited to website, printed materials, social media, press releases and/or videography. If the applicant is a minor under the age of 18, parent/guardian must also sign this consent for publicity.

COVID vaccine and Tuberculosis test requirement: If selected, you will be asked to show proof of vaccination to be eligible to participate in the program. If selected, you will be required to comply with the Ventura County Medical Center Vaccine requirements.

Applicant's Signature:

Date:

Parent/Guardian Signature:

Date:

CERTIFICATION

I certify that all the information on this form is true and complete to the best of my (our) knowledge. **If asked by any authorized official of Santa Clara Valley Wellness Foundation, I (we) agree to give documentation for information given on this form.** I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving the scholarship or admission to the internship.

Applicant's Signature:

Date:

Parent/Guardian Signature:

Date:

Good Luck!