

Santa Clara Valley Wellness Foundation

Summer 2023 Application Packet

Summer Health Internship Program (SHIP) & Alan Peterson Scholarship

Alan J. Peterson Scholarships for Health Care Education 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, and the surrounded environs) 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 public 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 M. Peterson Scholarship Fund?

The Peterson Scholarship Fund was established in memory of Dr. Alan M. 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?

Apply! Scholarships are granted to students who enter all levels of healthcare.

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

Indicate your preferences for 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 to the school 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, volunteers or 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 and community members from Fillmore, Piru and Santa Paula. Final approval of awardees 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 invited to an awards reception to celebrate your achievement and will have a chance to meet some of the donors who make these scholarships possible.

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 Health Internship Program (SHIP) Overview

The Program:

SHIP is a six week paid internship program. The program is for students in the 11th and 12th grades from the Fillmore and Santa Paula High School district areas. In partnership with the County Health Care Agency, the SHIP is an opportunity for students to experience the professional opportunities that being a part of the health care delivery system in the Santa Clara Valley can afford.

SHIP participants will learn the various departments of the Ventura County Medical Center Campus, Community Memorial Hospital, community and hospital based clinic systems, go through interviews with program selection members; (attend a roundtable lecture on aspects of wellness within the healthcare agency; participate in goal setting for the program;) be expected to report, interview, communicate, file, agree to and demonstrate work ethic, workplace expectations, and dress codes; work with other participants in the program; attend SHIP recognition meetings and the Santa Clara Valley Wellness Foundation tea, inaugural interview, program graduation reception, and all program expectations over the course of the program.

Program Information:

The program runs from June to August. Eligible applicants must be entering their Senior year in the Fall of 2023 or will be graduating from high school by the end of Summer 2023. 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 a clinic.

Workdays are Monday through Friday and schedules will be made up by the Program Manager 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 health care delivery system that is represented by the various departments of the County Health Care Agency. These include on campus departments such as support services, med-surg, OB, emergency, lab, radiology, etc; Clinics; Administration; and support.

To do this an intern begins with the complete application, selection for the program, goal setting, program participation, weekly check in, graduation and follow-up. Each group will undergo basic orientation to the Health Care 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.

Program Objective:

To build a skill set, work ethic, and work discipline in a healthcare field. To develop the set of skills within the local pool to sustain the hospital and health care agency and its programs in the valley. To Link the Santa Clara Wellness Foundation to community wellness by developing employment skills that can allow direct links between services, wellness, and the strong multi-generational nature of the people who are in the Santa Clara Valley. To provide an integrated set of programs for development of applicants to the Santa Clara Wellness Foundation Scholarship program. To link wellness to all aspects of the people of Santa Clara Valley.

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 Health Internship Program (SHIP) Summer 2023 (*Seniors*)

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.
- Financial Aid Assistance Questionnaire/Important Notices Acknowledgement - Section 3 completed, signed, and dated if you are applying for any scholarships requiring demonstration of financial need.
- Two letters of recommendation – at least one from current faculty or professional supervisor. Letters need to be letterhead, be 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) that you have 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 5:00pm on January 31, 2023. No late or incomplete applications will be accepted. **NO EXCEPTIONS!**

Mail Application and Supporting Materials To:

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

SECTION 1

Name _____ Phone # _____
Last Name First Name M.I.

Address _____
Number & Street City State Zip

Age ____ Sex ____ Email _____ Social Security # _____
Last 4 of

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

Parent(s) or Guardian(s) Name(s): _____

What high school will you, or have you graduated from? _____

Name of School and City _____ Graduation
Date (Month/Year) _____

High School GPA (cumulative/unweighted) _____

Other Secondary School(s) attended (Name/Dates Attended): _____

If currently attending college, provide the following:
Name of School & City, State Start Date _____

College GPA: _____

I am a college (check one): Freshman Sophomore Junior Senior

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; circle the schools you have been accepted by so far)*

Expected area of study or college major: _____

Test Scores (as applicable)

SAT: Total _____
Math _____ Critical Reading _____
Writing _____ ACT _____

AP Exams _____

SECTION 2

Print Applicant 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. Type or print clearly.

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/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/Weeks per Year

[space left blank intentionally]

SECTION 2 (Contd.)

Print Applicant Name: _____

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

Activity	Description of leadership positions and/or awards received	Dates of Involvement	Hours per week/Weeks per Year

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

Applicant Signature _____ Date _____

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SECTION 3

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 and financial 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 and financial 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.**

DATE: Applicant (Print Name) _____

Applicant Signature _____

DATE: Parent/Legal Guardian (Print Name) _____

Parent/Legal Guardian Signature _____

DATE: Parent/Legal Guardian (Print Name) _____

Parent/Legal Guardian Signature _____

Section 3 (Contd.)

Consent for Publicity: If selected as a recipient of the internship 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 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 may be asked to show proof of vaccination to be eligible to participate in the program. If selected you may be asked to show proof of a Tuberculosis test to participate in the program.

Student Signature Date

Parent/Guardian Signature Date

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**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 this proof may include a copy of a U.S. tax return and/or state income tax return.** I (we) realize that failure to comply with a request for further information may prevent the applicant from receiving the scholarship.

\_\_\_\_\_  
Applicant signature Date

\_\_\_\_\_  
Parent (or spouse) signature Date

Good Luck!