

Exceptional Care for Children

Volunteer Scholarship Application



EDITION: June 2019

REVISED: June 2019



Exceptional Care for Children

Volunteer Scholarship

Purpose: To recognize outstanding graduating seniors and college students for their volunteer efforts at Exceptional Care for Children.

Scholarship Award: A scholarship in the amount of \$250-\$500 will be awarded, annually, at the discretion of the Exceptional Care for Children Scholarship Committee.

Eligibility:

1. U.S. citizen or eligible non-citizen
2. A senior in high school who has been accepted into a full-time program at a college/university or full-time student currently enrolled in a college/university.
3. High school seniors must hold a minimum 3.25 Grade Point Average; full-time college students must hold a minimum 3.0 Grade Point Average.
4. Active volunteer of Exceptional Care for Children within the past twelve (12) months *and* served a minimum of 50 hours as a volunteer at or on behalf of Exceptional Care for Children during lifetime.

Recommendations:

1. Preference is given to students residing in or attending school in Delaware.
2. Preference is given to students about to enroll or currently enrolled in an education program that would qualify them for a career in one of the following healthcare related fields:

| | |
|----------------------|---------------------------|
| Child Life | Physical Therapy |
| Dietetics | Recreation Therapy |
| Healthcare | Respiratory Therapy |
| Administration | Social Work |
| Nursing | Speech Language Pathology |
| Occupational Therapy | |

Application Process:

Complete application form and attach the following:

- Academic Transcript
- Acceptance letter, if a high school senior
- Resume that includes: activities, academic awards, honors and achievements, jobs held.
- One personal letter of recommendation
- One educational letter of recommendation
- An essay which answers how volunteering at Exceptional Care for Children has affected you. 500 word limit.

Application deadline is April 1st. All applications will be reviewed and decided upon, anonymously, by the scholarship committee.



| | |
|----------------------------|--------------------------|
| FOR OFFICE USE ONLY | |
| Received By: | _____ |
| Date: | _____ Applicant #: _____ |

Exceptional Care for Children Scholarship Application

Name: _____
First
M.I.
Last

Address: _____

City: _____ State _____ Zip Code _____

Phone #: (____) _____ Email: _____

School Currently Enrolled: _____ Graduation Date: _____

PLEASE READ THIS STATEMENT CAREFULLY BEFORE YOU SIGN.

I have reviewed this application and verify its contents to be true. I give my consent to its submission to the Exceptional Care for Children Scholarship Committee. I authorize publication of such information by Exceptional Care for Children and allow Exceptional Care for Children to forward the information to the School district in connection with the announcement of the winner.

I understand that Exceptional Care for Children is an equal opportunity employer and that the Scholarship will be awarded without regard to race, creed, color religion, sex, age, and national origin, or disability. I further understand that the decision of the committee will be final.

Signed _____ Date _____
Volunteer Signature

Signed _____ Date _____
Parent/Guardian Signature (for volunteers under 18)

Application Deadline: April 1st

Completed applications can be hand delivered or mailed to:
Exceptional Care for Children
Attn: Emily Holcombe
11 Independence Way
Newark, DE 19713