

The scholarship was established to honor the memory of Dr. Jim Mills. Dr. Mills cared for the people of the community at the emergency room at Ohio Valley Medical, St. John Medical Center and Trinity Medical Center. In many instances, Dr. Mills would make "house calls." This scholarship shall serve to preserve his legacy by making an annual award to a Jefferson County student pursuing a degree in a health care related field.

Eligibility Requirements:

- Accepted for full-time attendance at an accredited four-year college or university majoring in a health care field
- Maintain a 3.5 GPA or above on a non-weighted scale
- Be a resident of Jefferson County
- Be a graduate of a Jefferson County high school
- Provide an essay, include why you are choosing health care and what the assistance would mean to you
- Include a letter of recommendation, must be in a sealed, signed envelope from the sender

SCHOLARSHIP DEADLINE – FEBRUARY 21, 2020

Name: _____

Address: _____
Street or PO Box City State Zip

Phone Number: (_____) _____ - _____ Email Address: _____

Date of Birth: ____/____/____

Name of High School: _____

Address: _____
Street or PO Box City State Zip

Phone Number: (_____) _____ - _____ Guidance Counselor: _____

Name of College/University you plan to attend: _____

Address: _____
Street or PO Box City State Zip

Have you been accepted? yes no Anticipated major? _____

Activities Form

Please list extracurricular, community and personal activities in which you have participated during your high school experience. Include clubs, debate, school sports, student government, fine arts, volunteer work, youth programs, athletic programs, music, scouting, etc. If your involvement in any of the categories exceeds available space, please consider including those that make you most proud. **DO NOT INCLUDE ATTACHMENTS.**

Extracurricular Activities	Year				Position Held
	Fr	So	Jr	Sr	
Community/Volunteer Activities	Year				Position Held
	Fr	So	Jr	Sr	
Awards and Honors	Year				Comments
	Fr	So	Jr	Sr	
Work Experience	Dates of Employment				Position Held

Academic Certification Form

This form replaces the need for a transcript and is to be completed by your counselor or other personnel authorized by the counselor.

High School Applicants

Submit this form to your counselor for completion, be sure the reported information includes the first semester.

Student's Name: _____

School: _____

Current Class Rank: _____

Current Cumulative (unweighted) GPA: _____

SAT Scores (single test date)

Date of Test: _____

Verbal: _____

Math: _____

Combined: _____

ACT Scores (single test date)

Date of Test: _____

English: _____

Math: _____

Reading: _____

Science: _____

Composite: _____

Person completing this form: _____

Title: _____

Signature: _____ Date: _____

Letter of Recommendation Form

Application Deadline: February 21, 2020

To Evaluator: The applicant is applying for a scholarship with the Community Foundation for the Ohio Valley, Inc. Your evaluation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. To insure confidentiality, please return this form and your letter to the student in a sealed envelope with your signature across the seal. Your statement describing the applicant's character, school, and community leadership abilities, potential to succeed, and evidence of the student's strengths and weaknesses should not exceed one page.

Remember, this scholarship is for the benefit of a student entering his/her first year of college and pursuing a health care field. Your letter should demonstrate your understanding of this scholarship's intention and how the applicant reflects those intentions.

I am writing this evaluation on the behalf of _____

Evaluator's Name: _____

Telephone Number: (_____) _____ - _____

Relationship to applicant: _____

How long have you known the applicant? _____

An evaluation received with a broken seal will be rejected. Please be sure to seal and sign the envelope and return to applicant in order that it may be included along with the application packet. Remember – parents, immediate family members and school counselors are not eligible to write the evaluation.

Personal Essay

On a separate sheet of paper, please take the time to prepare a well-developed, well-written, grammatically correct personal essay. The essay should be no more than two typed pages.

Topic: Why you are choosing health care and what receiving this scholarship would mean as you pursue your goals.

In general, there is no “correct” way to develop and prepare this essay. In writing about something that matters to you, you will convey a sense of yourself that will provide invaluable information during the evaluation process.

I, the student, completed this application and certify that all information contained within is correct and true to the best of my knowledge.

Signature _____ Date _____

APPLICATION DEADLINE: February 21, 2020

Mail completed application to:

CFOV

1226 Chapline Street

Wheeling, WV 26003

****applications must be received by February 21****