

# SACOPEE VALLEY HEALTH CENTER

70 Main St. Porter, ME 04068

Phone (207) 625-8126 - Fax (207) 625-7820 - [www.svhc.org](http://www.svhc.org)

*Sacopee Valley Health Center is an Equal Opportunity Organization.*

## Sacopee Valley Health Center Scholarship

*Sacopee Valley Health Center will award a scholarship to a senior accepted at an accredited post-secondary institution and planning to major in a health-related field.*

*\$1,000.00 will be awarded to a senior at Sacopee Valley High School and \$1,000.00 awarded to a senior residing in the Health Center's*

*\*Catchment Area Town (see page 2) and attending high school there.*

**Scholarship Application Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Physical Home Address [not a PO Box]:**

**Street** \_\_\_\_\_

**Town [See Page 2 for eligible towns]:** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone: Home** \_\_\_\_\_ **Cell** \_\_\_\_\_

**High School:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**I have been accepted to and plan to attend** \_\_\_\_\_

**2\_\_ 4\_\_ year program. Majoring in** \_\_\_\_\_

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**The cost per year:** \_\_\_\_\_

Expected gap of yearly cost & what my family can contribute: \_\_\_\_\_

To answer questions 1 & 2: If more space is needed, use a separate sheet of paper.

1. If you have been involved in community or school service projects, activities, programs, etc. please list them, the length of time involved and describe what you learned from these experiences:

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2. If you have volunteered in a health-related school or community activity or worked/volunteered in a health-related facility, please describe your responsibilities and what you learned from the experience:

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For your Statement of Purpose, additional sheets will be needed:

At least 100 words typed - “Why are you interested in pursuing a health-related career?”

**\*Catchment Area Towns**

Maine: Baldwin, Bridgton, Brownfield, Cornish, Denmark, Fryeburg, Hiram, Limerick, Limington, Newfield, Parsonsfield, Porter, Standish, and Steep Falls.

New Hampshire: Center Ossipee, Effingham, Freedom and Ossipee.

**In addition to a completed application**

**The other required documents are:**

- Your high school transcript
- Your grades @ the end of the 2<sup>nd</sup> quarter of your senior year verifying you have at least a B average
- Your acceptance letter
- The university's/college's financial aid package offered to you
- A letter of recommendation from two of your teachers, not your Guidance Counselor

**DEADLINE: April 1st**

Your completed application [Page 1 & 2]  
Along with the required documents [Page 3]  
Can be dropped off at or mailed to:

Sacopee Valley Health Center  
Attention: Scholarship Committee  
70 Main St. Porter, ME  
04068

**When your transcript confirming successful completion of the 1<sup>st</sup> semester or 2<sup>nd</sup> quarter with satisfactory academic standings, is received at the SVHC Health Center's Finance Office**  
**A check for \$1,000 will be forwarded to the Finance Office at your college or university.**