



## Clara Driscoll Spirit Scholarship For Driscoll Volunteens and College Volunteers

The Auxiliary to Driscoll Children's Hospital established the Clara Driscoll Spirit Scholarship for Teen Volunteers. It is a one-time scholarship of \$1,500. Qualified Volunteens and/or student volunteers already attending a college or university may apply. This scholarship will only apply toward tuition, books and mandatory fees.

The applicants must satisfy the admission requirements of their chosen university, college or vocational school. No restriction is being made regarding the major or field of study.

### Qualification to apply:

1. Volunteer is a senior in high school already accepted to a college, university or vocational school, or volunteer is a student already attending a college, university or vocational school.
2. Volunteer is active and current on dues and TB test. Valley Summer Volunteens must have been active for the most recent Summer Volunteer Program.
3. Volunteer has completed at least 300 hours service at Driscoll Children's Hospital or 150 hours at Driscoll Children's Medical Plaza-McAllen or Driscoll Children's Specialty Center-Brownsville Specialty Clinic.

### Application process:

1. Include a school transcript with your application.
2. Write the two required essays.
3. Include a current photo of yourself.
4. Complete the official "Application for Scholarship."
5. Send packet to:  
Scholarship Committee  
Auxiliary to Driscoll Children's Hospital  
Volunteer Services Office  
Driscoll Children's Hospital  
3533 South Alameda  
Corpus Christi, Texas 78411

### Selection by the Scholarship Committee will be based on:

1. Submission of application postmarked April 15 or turned in by April 15. An application received after the deadline and/or incomplete will not be considered by the committee.
4. Record of service as an Auxilian at Driscoll Children's Hospital, Driscoll Children's Medical Plaza-McAllen or Driscoll Children's Specialty Center-Brownsville Specialty Clinic, including attendance, commitment and positive outlook.
2. Academic record. Applicants must have at least a B average or GPA of 3.0.
3. The content of two essays.

*If a phone or personal interview is necessary, applicants will be notified. Scholarships awarded are based on available funding per fiscal year.*

If you are selected to receive a scholarship, recipients will be notified by phone, mail or email. Payment will be distributed to the recipient's school finance department. All recipients will be recognized and presented a certificate at the June Auxiliary Board Meeting. An invitation to each student and their family members will designate the place and time.

You may contact the volunteer office: Phone 361-694-5011, fax 361-808-2096 or email [volunteer@dchstx.org](mailto:volunteer@dchstx.org).

## CLARA DRISCOLL SPIRIT SCHOLARSHIP APPLICATION

<b>Personal Information</b>		
Name:		
Home Address:		
City:	State:	Zip:
Personal Phone:	Parent's Phone:	
E-mail address:		

<b>Academic Information</b>	
Current GPA:	Major:
Student ID# at college:	

<b>Extra-Curricular Activities/Hobbies</b>

<b>High School Honors/Awards</b>

<b>College, University or Vocational Institution Information</b>		
College Name:		
Financial Officer:		
Address:		
City:	State:	Zip:

Applicants must complete two essays. Please attach your typed essays to the back of this application.

Essay 1 – “Impact on Others”: In approximately 100 words, please describe what you feel you have contributed to Driscoll Children's Hospital. Explain how the work you've done at Driscoll has impacted others.

Essay 2 – “Impact on You”: In approximately 100 words, please explain how your experience as an Auxilian has affected your overall personality, life perspective, and what you have learned while volunteering for Driscoll Children's Hospital.

I Hereby certify that the above/attached information is correct and written exclusively by me. I fully understand the selection process for this scholarship. If awarded this scholarship, I will allow my name and or a photograph to be used for publicity connected with Driscoll Children's Hospital.

Applicant Signature:

Parent's Co-signature, if under 18:

#### Application Checklist

- \_\_\_\_\_ 1. Fill out this application.
- \_\_\_\_\_ 2. Attach school transcript.
- \_\_\_\_\_ 3. Write and attach the two essays.
- \_\_\_\_\_ 4. Include a current photo of yourself.
- \_\_\_\_\_ 5. Turn this complete package in by April 15<sup>th</sup>.

Thank you for volunteering at Driscoll Children's Hospital. As you go off into the “real world,” take pride in the knowledge that you have already made a real difference in it and a lasting impact on it.

**Date:** \_\_\_\_\_