

Dear Prospective Scholarship Recipient,

Thank you for your interest in the Carol Welch Memorial Scholarship Fund.

The Volunteer Service League at Doctors Medical Center is proud to offer this annual scholarship to assist students pursuing a career in medicine or a health-related field. The scholarship is available to residents of West Contra Costa County. The purpose of the scholarships is to help students with tuition, books and/or necessary school supplies. The Carol Welch Memorial Scholarship Fund is supported by donations to the DMC Volunteer Service League.

Applications are due no later than February 28, 2008 to the following address:

Doctors Medical Center
Volunteer Service League
Attn: Gerry James, Scholarship Committee Chairperson
2000 Vale Road
San Pablo, CA 94806

No late or incomplete applications will be accepted.

The following criteria will be used to evaluate applications:

| | |
|--|-----------|
| • Quality of Reference | 2 points |
| • Hospital or Healthcare Work Experience | 3 points |
| • Grade Point Average (minimum 3.0 gpa) | 3 points |
| • In-person Interview / Oral | 4 points |
| • Application and Person Statement | 4 points |
| • Financial Need | 4 points |
| | <hr/> |
| TOTAL | 20 points |

An in person interview with the Scholarship Committee will be scheduled with all final candidates. Scholarship checks will be issued directly to the scholarship recipient's college/university in August 2008.

The Scholarship Committee looks forward to receiving your application. If you have questions or need additional information, please contact the DMC Service League at (510) 970-5334.

Sincerely,

Gerry James
Scholarship Committee Chairperson

CAROL WELCH MEMORIAL SCHOLARSHIP FUND

SUPPORTING INFORMATION

Each applicant should submit a complete application packet to the Carol Welch Memorial Scholarship Committee at Doctors Medical Center. The following items must be included in the in the application packet to be considered (check box if included in packet):

- Complete and signed Scholarship Application
- Complete and signed Supporting Information Sheet (this document)
- Official school transcripts showing a Grade Point Average of 3.0 or higher
- Personal statement (500 word essay style) with a focus on applicant's life experience, future goals and financial need
- Letter of recommendation from an instructor, academic counselor or a member of the medical field
- Resume that includes activities and membership(s) in college and/or community clubs, activities or organizations

To be eligible for the Carol Welch Memorial Scholarship, the applicant must confirm the following (check box to confirm):

- I have completed all college level General Education requirements or starting a 2 year nursing program, or is entering the 2nd, 3rd or 4th year of college or university
- I am a resident of West Contra Costa County or if attending college or university out of the area, my permanent address remains in West Contra Costa County.

Furthermore, I agree that to the following (check box to confirm):

- I will use the scholarship award for college/university tuition, books and/or necessary school supplies
- I understand that it is my responsibility to advise the Scholarship Committee of the name and address of the College I will be attending
- I will keep the Scholarship Committee informed of my progress in my studies

I ATTEST TO THE TRUTH OF THE ABOVE INFORMATION

Applicant's Signature _____ Date: _____

CAROL WELCH MEMORIAL SCHOLARSHIP FUND

SCHOLARSHIP APPLICATION

(Please type or print ALL information)

Last Name: _____ First Name: _____ Middle Initial: _____

Permanent Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Cell Phone Number: _____

Name of College or University: _____

Current cumulative grade point average: _____ Date: _____

List scholastic, extra curricular activities, honors, awards, offices held, leadership experience, and volunteer activities (Use additional sheet of paper if necessary):

1. _____
2. _____
3. _____
4. _____
5. _____

Employment History, including length of employment and contact information

(Use additional sheet of paper if necessary):

1. _____
2. _____
3. _____

What is your current objective for a health care related profession?

(Use additional sheet of paper if necessary)

List all schools to which you have applied to attend in the Fall of 2008:

| School Name | Location | Major |
|-------------|----------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |

I ATTEST TO THE TRUTH OF THE INFORMATION IN THIS APPLICATION.

Signature: _____ Date: _____