

Grandview Terrace Scholarship Application

The residents of Grandview Terrace are delighted that you have decided to continue your education and Grandview Terrace Scholarship Fund is able to assist.

APPLCATION INFORMATION, PROCEDURES AND REQUIREMENTS SUMMARY

LETTERS OF RECOMMENDATION

You should inform your Grandview Terrace supervisor that you are applying for a scholarship and that you need the supervisor's recommendation. The letter of recommendation must be dated and signed by the Grandview Terrace supervisor. An additional recommendation of character/scholarship should also be included.

EMPLOYMENT REQUIREMENT

Scholarship applicants must have been employed a minimum of 6 months at Grandview Terrace and scholarship recipients must continue to work a minimum average of 12 hours per week, in good standing, at a Sun Health Senior Living Community during the approved course of study.

SCHOOL ACCEPTANCE

Please provide a copy of school acceptance with student number.

INTERVIEW

Applicants will be contacted for an interview by a Grandview Terrace Scholarship Committee member. The interview will be scheduled at a mutually agreeable time.

NOTIFICATION OF COMMITTEE DECISION

Applicants must be aware that the Grandview Terrace Scholarship Committee normally meets only on the 3rd Monday of each month and applicants will be notified expeditiously after the next Committee meeting. If an application is approved, Sun Health administrative time is 2 weeks. Applicants must plan for this possible 5-6 week timeframe from application to receipt of funding.

PAYMENTS TO SCHOOLS/INSTITUTIONS

Upon the approval of the application, the recipient will receive a check made payable to the school/institution based on the invoice submitted. In some cases, the tuition check may be mailed directly to the school/institution office.

REIMBURSEMENT FOR BOOKS AND SUPPLIES

Upon approval of the application, the recipient may request an additional reimbursement for required textbooks and supplies that have been purchased by the applicant and are pertinent to the courses listed in the application.

The recipient must present detailed receipts for reimbursement. If approved, a check will be made out to the recipient for the amount the committee deems to be acceptable.

APPLICATION, TRANSCRIPT, ESSAY, AND PICTURE ARE TO BE SUBMITTED TO:

Grandview Terrace Scholarship Committee Attn: Sue McDonald, New Applicant Coordinator 14515 W Granite Valley Drive, E-571 Sun City West, Arizona 85375

Please reach out to Sue McDonald at 623-332-2524 or suemcdonald 2000@ gmail.com if you have any questions.

Thank you



[Attach here or on Addendum sheet.]

GRANDVIEW TERRACE SCHOLARSHIP APPLICATION

Please complete each item. [Please type or print] If an item is not applicable, insert "N/A". Attach an additional sheet [Addendum], if necessary, to provide complete information.

Purpose of This Application										
I am requesti	ng financial assista	ance for the followin	g academic o	r vocational training:						
Academic	Program	Degree/Certificate Go	oal							
Vocational/Skills Training Certificate/Skills Goal										
Applicant Profile										
Personal Information * Telephone number and e-mail are very important if any last- minute changes need to be sent.										
Name	Enter your Last Name, l	First Name, and Middle N	ame or Initial							
Address		A 1 27	0'1	GLI ATTO C. I						
Telephone	No. & Street	Apt. No. E-mail	City	State ZIP Code						
	R	ecent Photograp	h of Yourse	elf						

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Scholastic Information

Please provide a cop	y of school accepta	nce with student	number as n	nay be applicable.				
Name & Address of I	High School							
Graduated	Yes	Date		GPA				
	No Expected I	Date of Graduation	ı					
General Equivalency	⁷ Diploma (GED)	Date						
Please list any Community College/College/University and Vocational Training Programs completed.								
Institution & Address								
Degree or Certificate Earned								
Programs/Courses/Credits								
		Financial Dat	a					
I have applied for other scholarships or financial aid. Yes No								
If Yes, please describ	oe briefly							
I am currently receiv	ving a scholarship/	financial aid.	Yes	No				
If Yes, please describ	oe briefly							

Proposed Educational/Training Program: Community College/College/University or Vocational Training Program

Please provide a copy of school acceptance with student number as may be applicable.

Institution Name Address No. & Street City State ZIP Code Credit Hours Completed _____ I will be enrolling for credit hours. Degree/Certification goal I will be enrolling for Fall Semester **Spring Semester** Summer Semester Other **Anticipated Expense** Tuition & Fees, Itemized Invoice Books & Supplies, Estimated Course, Credit, Cost Detail

CHECK LIST OF APPLICATION ITEMS

- 1. Completed Application.
- 2. Two letters of recommendation addressed to the Grandview Terrace Scholarship Committee. One letter is to be dated and signed by applicant's current work supervisor.
- 3. An essay, that does not exceed 250 words, which identifies goals and aspirations.
- 4. If applicable, a high school diploma/GED certificate, a technical/trade school certificate or college acceptance.
- 5. A recent photo of yourself.
- 6. Two copies of itemized invoice for tuition and fees from the school/institution providing the intended course/program of study.
- 7. A copy of receipts for books and supplies, if applicable.
- 8. Supervisor's employment verification.

Verification and Authorizations

				Initial Here			
I certify that the above info	ormation is c	omplete and a	ccurate.				
• I authorize Grandview Terrace Human Resources to verify my employment information.							
• I understand that an interview will be scheduled at a time which is mutually agreeable to me and to the Grandview Terrace Scholarship Committee members.							
I agree to provide copies of final grades and/or notice of completion for the courses paid by Grandview Terrace Scholarship Committee.							
Optional Authorizations Public	ity and Photo	p]		Initial Here			
Note: Do not initial the iter publicize your participation			o not want to				
Optional – I authorize the Grandview Terrace Scholarship Committee to use my participation in the Grandview Terrace Scholarship Program in publications to promote contributions to the scholarship program and to encourage fellow employees to apply for scholarships.							
Optional – I authorize the Grandview Terrace Scholarship Committee to use my picture in publications to promote Grandview Terrace Scholarship Program.							
Applicant Name							
Applicant Signature			Date				
FOR COMMITTEE USE ONL	Y						
Approved by Committee	Yes	No	Date				
Committee Member Signature							