



Scholarship Application

[Minimum Eligibility Requirement – 3.0 GPA]

The Dr. Prem Reddy Family Foundation Scholarship Program was created to reward students who have achieved academic excellence while being involved in school and community services. The program is open to all High Desert residents who are enrolled in an accredited program leading to a healthcare or medical related career. Applicant must meet all requirements as listed in the scholarship application. If you are a recent high school graduate, you must provide proof of college acceptance or proof of intention. Scholarship recipients may be given a 30-day grace period to provide an acceptance letter or proof of intention if one is not available at the time of submission. The Dr. Prem Reddy Family Foundation has awarded over \$1 million to qualified students since 1994.

SUBMISSION DEADLINE

Please complete and submit your application and all supporting documents by **5:00 pm on Friday, April 30, 2021.**

QUESTIONS?

Contact Andrea Bell, Desert Valley Hospital at
760-241-8000 ext. 8568 or ABell3@primehealthcare.com

PERSONAL INFORMATION

Last Name

First Name

MI

Date of Birth

Last Four Digits of Social Security #

Address

Home Phone

Cell Phone

Email

ACADEMIC INFORMATION

Academic Major

Career Goal

College or High School Attended (attach transcripts)

Fall 2020 GPA

Spring 2021 GPA

Address

College Accepted or Attending

Mailing Address of College

PLEASE NOTE

Funds will be made payable and mailed to the academic institution and earmarked for the student. At no time will any funds be given directly to the student.



Dr. Prem Reddy Family Foundation

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COMMUNITY SERVICE AND/OR EXTRA CURRICULAR ACTIVITIES

Have you ever volunteered at Desert Valley Hospital? Yes No

Are you an employee at Desert Valley Hospital? Yes No

If YES, please include service detail letter from the Volunteer department or department director.

Location and Type of Work

Supervisor/Director Name

Phone

Permission to Contact (please initial) Number of Hours Worked Volunteer Dates

Yes

Location and Type of Work

Supervisor/Director Name

Phone

Permission to Contact (please initial) Number of Hours Worked Volunteer Dates

Yes

Location and Type of Work

Supervisor Name

Phone

Permission to Contact (please initial) Number of Hours Worked Volunteer Dates

Yes

Location and Type of Work

Supervisor Name

Phone

Permission to Contact (please initial) Number of Hours Worked Volunteer Dates

Yes

REQUIRED DOCUMENTS

Please attach the following documents to this application in order to be considered:

Maximum 1,000 words: Personal statement of educational plans and career goals. This includes a description of career goals post-graduation

250 words or less: Biography that includes your challenges, financial hardship, accomplishments and unique backgrounds

One reference letter from someone in the field of your major, i.e, an instructor

Copy of most recent IRS tax return (Form 1040, page 1 and 2)

Most recent high school/college transcript (Fall 2020, Spring 2021)

Email a portrait photo (JPG or PNG format will be accepted)

2-3 personal quotes of inspiration to be included in the scholarship program

PLEASE SUBMIT YOUR APPLICATION TO:

MAIL:

Dr. Prem Reddy Family Foundation
Attention: Scholarship Department
16850 Bear Valley Road
Victorville, CA 92395

EMAIL:

Andrea Bell at
ABell3@primehealthcare.com

All information submitted in support of this application is true and complete, and if requested, I will provide additional information. Failure to provide additional requested documents may delay or result in disqualification of this award. I also understand that:

- All applications must be filled out completely to be considered for review.
- All applications will be kept confidential.
- All applicants will be notified in writing in June 2021.

Photo Authorization

- I authorize the Dr. Prem Reddy Family Foundation to use my photo for the scholarship program.

SIGNATURE

DATE