

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 **May 1, 2020**.

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

To Dr. Prem Reddy Family Foundation

3480 E. Guasti Road, Ontario, CA 91761 | www.primehealthcare.com

PERSONAL INFORMATION					
Last Name		First Name		MI	
Date of Birth			Last Four Digits of Social Se	curity #	
Address					
Home Phone	Cell Phone		Email		

Academic Major		
Career Goal		
College or High School Attended (attach transcripts)	Fall 2019 GPA	Spring 2020 GPA
College of Fligh School Allended (allach transcripts)	Fall 2019 GFA	Spring 2020 GFA
Address		
College Accepted or Attending		
Mailing Address of College		
Maining 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.



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02/2020

COMMUNITY SERVICE AND/OR EXTRA CURRICULAR ACTIVITIES					
Have you ever volunteered at Desert Valley Hospital? Yes No If YES, please include service detail letter from the Volunteer Department and complete below.					
Location and Type of Work					
Supervisor Name	Phone				
Permission to Contact (please initial) Number of Hours Worked	Volunteer Dates				
Location and Type of Work					
Supervisor Name	Phone				
Permission to Contact (please initial) Number of Hours Worked	Volunteer Dates				
Location and Type of Work					
Supervisor Name	Phone				
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REQUIRED DOCUMENTS

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

- 1. Personal statement of education plans and career goals (maximum 1,000 words)
- 2. One reference letter from someone in the field of your major, an instructor or mentor who can recommend you for this scholarship (not a friend or relative)
- 3. Copy of most recent IRS return. If living with parents, please submit a copy of their most recent IRS return. If you or your parents are receiving SSI, SDI or any other type of financial assistance, please submit a copy of your and/or their year-end report. Please indicate how many tax returns were filed in your household and how many dependents are listed on your tax return.
- 4. Official High School/College transcript and other supporting scholastic data.
- 5. Email a portrait photo, preferably head and shoulders, similar to a professional profile picture.
- 6. Your bio, 250 words or less, that includes your accomplishments and unique backgrounds.

PLEASE SUBMIT YOUR APPLICATION TO:

MAIL:

Dr. Prem Reddy Family Foundation Attention: Andrea Bell 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 2020.

SIGNATURE

DATE



02/2020