Children's Hospital Volunteers
Scholarship Information

Hospital Affiliation Definitions

Patient:

- Past or current Dolly Parton Children's Hospital patient with a recurring illness who will graduate from high school and enroll in an accredited post-secondary institution.

Active Volunteer:

- Current, active Dolly Parton Children's Hospital Volunteer enrolled in an accredited post-secondary institution.

Active VolunTeen:

- Current, active Dolly Parton Children's Hospital VolunTeen who will graduate from high school and enroll in an accredited post-secondary institution.

Available Scholarships & Eligibility Criteria

- **$2,500 – Patient Scholarship** (1)
  - Must be a past or current patient
  - Must be a graduating high school senior
- **$2,000 – Taylor Corum Memorial Scholarship** (1)
  - Must be an active VolunTeen
  - Minimum 2.75 GPA (verified by official transcript)
  - Minimum of 75 total VolunTeen service hours when applying for scholarship (i.e., must have accumulated previous volunteer hours at the hospital)
- **$1,000 – VolunTeen Scholarship** (Multiple Available)
  - Must be an active VolunTeen
  - Minimum 2.75 GPA (verified by official transcript)
  - Minimum of 75 total VolunTeen service hours when applying for scholarship (i.e., must have accumulated previous volunteer hours at the hospital)
- **$750 – College Volunteer Academic Support Scholarship** (Multiple Available)
  - Must be an active volunteer
  - Must be an undergraduate level college student
  - Minimum 2.75 GPA (verified by official transcript)
  - *Volunteer Requirement* – a minimum of 40 service hours per academic year, must have accrued at least 60 hours total by time of application

Scholarship Payment Information

If awarded, scholarships will be paid directly to the institution on the student's behalf after verification of enrollment. Students must enroll and use scholarship funds by September 30 of the year receiving award. Any funds not used by the deadline will be forfeited.

Application process

Ensure you've read all sections on this information sheet prior to continuing to this section. You will need to:

- Complete Page 1 of the application (General Information)
- Review and complete all scholarship-specific pages for the scholarship you are applying for, including any required supporting documents (transcript, letters of recommendation, etcetera)
- Submit all application materials as one complete package
    - Complete application will be submitted to Mrs. Cheryl Allmon, Director of Volunteer Services and Programs

Submission Deadline

Applications must be submitted by May 22.

Submission Options

Mail or deliver to: Mrs. Cheryl Allmon, Director Volunteer Services & Programs

Dolly Parton Children's Hospital

2018 Clinch Ave.

Knoxville, TN 37916

Email: CAllmon@etch.com

Notification Timeline

All applicants will be notified of their application status no later than July 1.

AI Use Statement

We recognize that AI tools can be helpful for editing and refining written responses. Applicants are welcome to use AI for proofreading, grammar, and clarity. However, all written responses must reflect the applicant's own original thoughts, experiences, and voice. Submissions that appear to be primarily generated by AI, rather than the applicant, may be subject to review and could impact eligibility. We encourage applicants to use AI responsibly as a support tool rather than a substitute for their own work.

Children's Hospital Volunteers
Scholarship Application

General Information

Full Name:

Address:

City:

State:

Zip:

Email Address:

Phone Number:

Hospital Affiliation (Select all that apply):

- ☐ Former Patient
- ☐ Current Patient
- ☐ Active Volunteer
- ☐ Active VolunTeen

I am applying for:

- ☐ Patient Scholarship
- ☐ Taylor Corum or VolunTeen Scholarship
- ☐ College Volunteer Academic Support Scholarship

Educational Status & Information

- ☐ High School Student – I certify I am a senior graduating this academic year.
- ☐ College Student – I certify I am enrolled in an accredited post-secondary education institution.

Name of School:

GPA:

Education Verification Contact

Contact Name:

Contact Email:

Contact Phone:

*****Important: Please complete this page and the applicable scholarship section(s). All required materials (question responses, recommendation letters, transcript, etcetera) must be included.**

Signature: Date:

By signing above, I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that submission of incomplete or inaccurate information may result in my application being disqualified from consideration.

Children's Hospital Volunteers
Patient Scholarship Application
Supplemental Information

Eligibility Criteria

Please review the following eligibility requirements before completing this section:

- Must be a past or current patient
- Must be a graduating high school senior

Additional Questions / Essay Prompts

Read each question carefully. Overall, you will respond to 5 questions. Each response should be limited to 200 - 300 words. Please type your responses.

1. Select & respond to ONE question from the following list:
    a. Describe how your experience with Children's Hospital has shaped your perspective on service or healthcare and influenced your future goals.
    b. What impact has your time as a patient or volunteer had on your personal growth? Share a meaningful moment.
    c. What are your long-term goals, and how do your current experiences support those goals?
    d. Describe the legacy you hope to leave through your actions and contributions.
2. Select & respond to ONE question from the following list:
    a. How have your experiences helped shape your values and character?
    b. What qualities do you believe are most important in someone who serves others, and how do you embody those qualities?
    c. Reflect on a time when you stepped outside your comfort zone. What was the outcome?
3. Select & respond to ONE question from the following list:
    a. How will receiving this scholarship support your educational and career goals?
    b. In what ways will this scholarship help you continue your commitment to service?
4. Respond to the following question:
    a. What does the Children's Hospital mean to you, and how has it influenced who you are today?

5. Respond to the following question:
    a. In what ways have your experiences with the Children's Hospital inspired you to give back or support others in the future?

Application Checklist

Please ensure the following materials are included with your application before submitting:

- ☐ Official Transcript
- ☐ Completed General Application (Page 1)
- ☐ Responses to all Scholarship-Specific Prompts
- ☐ **Letters of Recommendation** (2 required): Applicants must submit two letters of recommendation. Letters may not be written by a relative or a Children's Hospital employee. Please select two different categories below and obtain one letter from each:
    - Teacher, School Counselor, or Education Professional
    - Employer (past or present)
    - Civic or Community Leader
- ☐ **Certification:** By submitting this application, you certify that all information provided is true and accurate to the best of your knowledge. You understand that incomplete or inaccurate information may result in disqualification from consideration. You further confirm that all responses are your own and that you have adhered to the AI Use Statement outlined in the application materials.

Children's Hospital Volunteers
Taylor Corum Memorial & VolunTeen Scholarship Application
Supplemental Information

Eligibility Criteria

Please review the following eligibility requirements before completing this section:

- Must be an active VolunTeen
- Minimum 2.75 GPA (verified by official transcript)
- Minimum of 75 total VolunTeen service hours when applying for scholarship (i.e., must have accumulated previous volunteer hours at the hospital)

Additional Questions / Essay Prompts

Read each question carefully. Overall, you will respond to 5 questions. Each response should be limited to 200 - 300 words. Please type your responses.

1. Select & respond to ONE question from the following list:
   a. Describe how your experience with Children's Hospital has shaped your perspective on service or healthcare and influenced your future goals.
   b. What impact has your time as a patient or volunteer had on your personal growth? Share a meaningful moment.
   c. What are your long-term goals, and how do your current experiences support those goals?
   d. Describe the legacy you hope to leave through your actions and contributions.

2. Select & respond to ONE question from the following list:
   a. Provide an example of a time you made a positive impact on someone else. What did you learn from that experience?
   b. How have you contributed to your community, and what motivates you to serve others?

3. Select & respond to ONE question from the following list:
   a. How have your experiences helped shape your values and character?
   b. What qualities do you believe are most important in someone who serves others, and how do you embody those qualities?
   c. Reflect on a time when you stepped outside your comfort zone. What was the outcome?

4. Select & respond to ONE question from the following list:
    a. How will receiving this scholarship support your educational and career goals?
    b. In what ways will this scholarship help you continue your commitment to service?
5. Select & respond to ONE question from the following list:
    a. What does the Children's Hospital mean to you, and how has it influenced who you are today?
    b. In what ways have your experiences with the Children's Hospital inspired you to give back or support others in the future?

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Children's Hospital Volunteers
College Volunteer Academic Support Scholarship Application
Supplemental Information

Eligibility Criteria

Please review the following eligibility requirements before completing this section:

- Must be an active volunteer
- Must be an undergraduate level college student
- Minimum 2.75 GPA (verified by official transcript)
- *Volunteer Requirement* – a minimum of 40 service hours per academic year, must have accrued at least 60 hours total by time of application

Additional Questions / Essay Prompts

Read each question carefully. Overall, you will respond to 5 questions. Each response should be limited to 200 - 300 words. Please type your responses.

1. Select & respond to ONE question from the following list:
    a. Describe how your experience with Children's Hospital has shaped your perspective on service or healthcare and influenced your future goals.
    b. What impact has your time as a patient or volunteer had on your personal growth? Share a meaningful moment.
    c. What are your long-term goals, and how do your current experiences support those goals?
    d. Describe the legacy you hope to leave through your actions and contributions.
2. Select & respond to ONE question from the following list:
    a. Provide an example of a time you made a positive impact on someone else. What did you learn from that experience?
    b. How have you contributed to your community, and what motivates you to serve others?
3. Select & respond to ONE question from the following list:
    a. How have your experiences helped shape your values and character?
    b. What qualities do you believe are most important in someone who serves others, and how do you embody those qualities?
    c. Reflect on a time when you stepped outside your comfort zone. What was the outcome?

4. Select & respond to ONE question from the following list:
    a. How will receiving this scholarship support your educational and career goals?
    b. In what ways will this scholarship help you continue your commitment to service?
5. Select & respond to ONE question from the following list:
    a. What does the Children's Hospital mean to you, and how has it influenced who you are today?
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