Health Plan of San Joaquin

Health Careers Scholarship Program -2020

HEALTH CAREERS SCHOLARSHIP PROGRAM APPLICATION FOR CONTINUING EDUCATION STUDENTS		
This is a voluntary and confidential scholarship application form to be used by the scholarship committee. All applicants must be **a prior recipient of the Health Careers Scholarship Program**. In order to fully understand the applicant's need and to make equitable choices of scholarship recipients, the information should be completed accurately. All responses must be typed. Applications are due by the close of business on or before, **Friday, May 15, 2020.**		
Name:		
Name of High School Attended:		Year Graduated:
Permanent Mailing Address:		
		Apt.
City:	State:	Zip Code:
Phone:	Best Time to Contact: ☐ Day ☐ Evening	
Address at School (if different from permanent mailing address):		
		Apt.:
City:	State:	Zip Code:
Email Address (one you check regularly):		
Name of College You Currently Attend:		
Your Specific Health Career:		
Please Highlight Your Undergraduate Class: Sophomore Junior Senior		
Please Highlight the Program You are on Track to Complete: Medical Pharmacy Nursing		
Anticipated Year of College Graduation:		
Most Recent Cumulative G.P.A.:		
Your Estimated Contribution to Your Education. $		
ALTERNATE INFORMATION Please list an alternate contact person in the event that we are unable to reach you.		
Name (of a person not residing with you):		
Address:		
		Apt.:
City:	State:	Zip Code:
Relationship to You:	Email Address:	
Phone:	Best Time to Contact: ☐ Day ☐ Evening	
PERSONAL INFORMATION		
Race/Ethnicity:		
Date of Birth:	Place of Birth:	

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PERSONAL STATEMENTS

Please use a separate sheet to answer the following questions using a maximum of one (1) page per question, typed.

1. What is one of the biggest obstacles or challenges you've overcome while in college?
2. Do you intend to practice in San Joaquin or Stanislaus County, if so why?
3. What is a major healthcare concern in your community and how do you plan to impact change in your county?

Please use a separate sheet to answer the following question using a maximum of three (3) pages, typed.

4. Using a maximum of three (3) pages, develop a statement telling the scholarship committee about: 1) yourself, 2) your goals for the future, 3) your work experience, 4) your health-related community service experience, 5) honors or awards you have received, 6) who or what has been the greatest influence in your pursuit of a career in the healthcare field, 7) what you learned in your first year of college and 8) your current financial need.

SIGNATURES

I certify that all of the information in this application is valid and accurate.

Print name:	Date:
Sign name:	

LETTERS OF RECOMMENDATION

Provide the letter of recommendation template to two (2) individuals who are familiar with your character, professional interest and involvement in the community. Please advise your recommenders to include their contact information and email a SIGNED letter of recommendation by the close of business on **Wednesday, May 20, 2020** to scholarships@hpsj.com or upload them at www.hpsj.com/scholarship-program.

All applicants will be notified of the Review Committee's decision by **Friday, June 19, 2020**

CHECKLIST

Your completed and signed application is due by the close of business on **Friday, May 15, 2020**

- ☐ Signed Scholarship Application (completely filled out) **- Due by the close of business Friday, May 15, 2020**
- ☐ Most Recent Transcript
- ☐ Completed Personal Statements
- ☐ Two Sealed Letters of Recommendation - **Due by the close of business Wednesday, May 20, 2020** (emailed or mailed by recommenders via U.S. Postal Service) See Guidelines of Recommendation Letter for additional information.
- ☐ Personal Information Form
- ☐ Photo Release Form