

HEALTH PLAN OF SAN JOAQUIN

CONTINUING EDUCATION HEALTH CAREERS SCHOLARSHIP PROGRAM

INFORMATION ABOUT THE AWARD

The Health Plan of San Joaquin's (HPSJ) Continuing Education Award seeks to support currently enrolled college students who are former recipients of the HPSJ Health Careers Scholarship Program. The Continuing Education Awards are for students who are still pursuing a career in the medical, nursing or pharmacy field. For the purpose of this application, Continuing Education does not refer to awardees who leave and re-enter into the formal education system. Applicants must have consistent enrollment at an accredited junior or community college, four-year College or university, demonstrate an interest in community health, intend to practice in San Joaquin or Stanislaus County and demonstrate a financial need.

Award Amount for 2021 Academic Year: \$1,000 per awardee

PERSONAL STATEMENTS

Please take your time to develop thoughtful and sincere essay responses. Your responses will assist the Scholarship Review Committee as they evaluate your application. Address the following questions/statements:

1. What is one of the biggest obstacles or challenges you've overcome while in college?
2. Restate your interest/commitment to practice in San Joaquin or Stanislaus County.
3. What is a major healthcare concern in your community and how do you plan to impact change in your county?
4. Tell the Review Committee about yourself including, your goals, work experience, health-related community service experience, honors and awards received in college, greatest influences in your pursuit of a medical or healthcare career and financial need.

LETTERS OF RECOMMENDATION

Provide letters of recommendations from two (2) individuals, typed on letterhead, including contact information from your recommender other than family or friends, who are familiar with your character, professional interest, and involvement in the community. Please advise your recommenders to mail or email the letter of recommendation no later than **Wednesday, May 26, 2021** to scholarships@hpsj.com, upload them at www.hpsj.com/scholarship-program or mail to:

Health Plan of San Joaquin
Attn: Marketing Department
Health Careers Scholarship Program
7751 S. Manthey Road
French Camp, CA 95231



TIMELINE:

- Please submit completed application materials by close of business on **Friday, May 21, 2021**
- All applicants will be notified of the Review Committee's decision by **Friday June 25, 2021**
- Awardees will be asked to provide proof of enrollment or class registration/enrollment no later than **Friday, August 20, 2021**

CHECKLIST:

Signed Scholarship Application (completely filled out) and uploaded at www.hpsj.com/scholarship-program)

Due by the close of business **Friday, May 21, 2021**

Most Recent Transcript

Completed Personal Statements

Two Letters of Recommendation - Due by the close of business **Wednesday, May 26, 2021**

Personal Information Form

Photo Release Form

For questions or more information about the Continuing Education Health Careers Scholarship Program, please email scholarships@hpsj.com or call Diana Pauls at 209-933-3674.



HEALTH CAREERS SCHOLARSHIP PROGRAM		
APPLICATION		
FOR CONTINUING EDUCATION STUDENTS		
<p>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 21, 2021.</p>		
Name:		
Name of High School Attended:		Year Graduated:
Permanent Mailing Address:		
		Apt.
City:	State:	Zip Code:
Phone:	Best Time to Contact: <input type="checkbox"/> Day <input type="checkbox"/> 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: <input type="checkbox"/> Day <input type="checkbox"/> Evening	
PERSONAL INFORMATION		
Race/Ethnicity:		
Date of Birth:	Place of Birth:	



HEALTH CAREERS SCHOLARSHIP PROGRAM

APPLICATION

FOR CONTINUING EDUCATION STUDENTS

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, typed on letterhead, including contact information from your recommender other than family or friends, 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 26, 2021** to scholarships@hpsj.com, upload them at www.hpsj.com/scholarship-program, or mail to:

Health Plan of San Joaquin
Attn: Marketing Department Health
Careers Scholarship Program 7751
S. Manthey Road
French Camp, CA 95231

All applicants will be notified of the Review Committee's decision by **Friday, June 25, 2021**

CHECKLIST

Your completed and signed application is due by the close of business on **Friday, May 21, 2021**

- Signed Scholarship Application (completely filled out) - **Due by the close of business Friday, May 21, 2021**
- Most Recent
- Completed Personal
- Two (2) Letters of Recommendation - **Due by the close of business Wednesday, May 26,**
- Personal Information
- Photo Release Form



CONTINUING EDUCATION HEALTH CAREERS SCHOLARSHIP PROGRAM

PERSONAL STATEMENTS

Please answer the following questions using a maximum of 500 words per question.

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?



CONTINUING EDUCATION HEALTH CAREERS SCHOLARSHIP PROGRAM

ESSAY QUESTIONS

Please use a maximum of 4000 words for this section.
Develop a statement telling the scholarship committee about:

- Yourself
- Your goals for the future
- Your work experience
- Your health-related community service experience
- Honors or awards you have received
- Who or what has been the greatest influence in your pursuit of a career in the healthcare field
- What you learned in your first year of college
- Your current financial need

SIGNATURES

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

Print name:	Date:
Sign name:	

