

**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 2022 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, August 3, 2022** to [scholarships@hpsj.com](mailto:scholarships@hpsj.com).



**TIMELINE:**

- Please submit completed application materials by close of business on **Friday, July 29th, 2022.**
- All applicants will be notified of the Review Committee's decision by **Friday, August 26th, 2022.**
- Awardees will be asked to provide proof of enrollment or class registration/enrollment no later than **Friday, September 16th, 2022.**

**CHECKLIST:**

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

Due by the close of business **Friday, July 29th, 2022.**

Most Recent Transcript

Completed Personal Statements

Two Letters of Recommendation - Due by the close of business **Wednesday, August 3rd, 2022**

Personal Information Form

Photo Release Form

For questions or more information about the Continuing Education Health Careers Scholarship Program, please email [scholarships@hpsj.com](mailto: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 <b>a prior recipient of the Health Careers Scholarship Program</b>. 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, <b>Friday, July 29th, 2022. This is a fillable application.</b></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.:		
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 (optional):		
Date of Birth:	Place of Birth:	



HEALTH CAREERS SCHOLARSHIP PROGRAM	
APPLICATION	
FOR CONTINUING EDUCATION STUDENTS	
<b>PERSONAL STATEMENTS</b>	
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.	
<b>SIGNATURES</b>	
I certify that all of the information in this application is valid and accurate.	
Print name:	Date:
Sign name:	
<b>LETTERS OF RECOMMENDATION</b>	
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 <b>Wednesday, August 3, 2022</b> to <a href="mailto:scholarships@hpsj.com">scholarships@hpsj.com</a>	
All applicants will be notified of the Review Committee's decision by <b>Friday, August 26, 2022</b> .	
<b>CHECKLIST</b>	
Your completed and signed application is due by the close of business on <b>Friday, July 29, 2022</b> .	
<input type="checkbox"/> Signed Scholarship Application (completely filled out) - <b>Due by the close of business Friday, July 29, 2022.</b> <input type="checkbox"/> Most Recent Transcripts Completed Personal Statement Two Letters of Recommendation - <b>Due by the close of business Wednesday, August 3, 2022.</b> <input type="checkbox"/> Personal Information <input type="checkbox"/> 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**

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

Use a maximum of 4000 words. You may type your response as a separate document and attach with your submission.

**SIGNATURES**

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

Print name:	Date:
Sign name:	

