



2006 HEALTH CAREER SCHOLARSHIP APPLICATION

DATE: _____

NAME: _____

ADDRESS: _____

HIGH SCHOOL: _____

OCCUPATION for which you plan to prepare:

First Choice: _____

Second Choice: _____

COLLEGE YOU PLAN TO ATTEND: _____

Have you been accepted? YES NO

G.P.A. _____ (Attach a copy of your high school transcript)

S.A.T. Score _____ A.C.T. Score _____

BACKGROUND INFORMATION:

Fathers Name: _____

Occupation/Employer: _____

Mothers Name: _____

Occupation/Employer: _____

Please list names of brothers and sisters:

Name	Age	Dependent	School Attending
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

How much financial support will you receive from your family: _____

What other scholarships are you applying for? _____

Will you be receiving any other scholarship funds? Yes No

ACTIVITIES: (Please attach another sheet if you need more space) _____

ACADEMIC: List the school activities you have participated in while in high school. (student government, extracurricular, athletic, etc.)

COMMUNITY: List the community activities you have participated in while in high school. (4-H, volunteering, scouting, etc.) _____

SPECIAL RECOGNITION: (honors, prizes, scholarship, etc.) _____

LIST JOBS HELD: (Paid and volunteer, dates of employment and reason for leaving) _____

******PLEASE ATTACH A SELF-BIOGRAPHY OF AT LEAST ONE TYPED, DOUBLE SPACED PAGE. PLEASE INCLUDE A PARAGRAPH ABOUT WHAT YOU DO TO PRACTICE A HEALTHY LIFESTYLE AND PROMOTE HEALTHY CHOICES TO OTHERS.**

******PLEASE ATTACH **THREE (3)** LETTERS OF RECOMMENDATION FROM ADULTS WHO HAVE KNOWN YOU FOR SOME TIME.**

Signature: _____

Signature of Counselor/School Official: _____

PLEASE RETURN COMPLETED APPLICATION BY May 8, 2006 TO:

Paula Berry
Public Relations/Marketing
P.O. Box 49-6009
Redding, CA 96049-6009
(530) 225-6115

