



**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:**

Deborah Hearnshaw  
Public Relations/Marketing  
2550 Sister Mary Columba Drive  
Red Bluff, CA 96080  
(530) 529-8038



St. Elizabeth Community Hospital

CHW