



STANISLAUS MEDICAL SOCIETY ALLIANCE
HEALTH CAREERS SCHOLARSHIP APPLICATION

INSTRUCTIONS:

This application should contain all pertinent information requested. Our first impression of you will be this application, so complete it thoughtfully and carefully. We are interested not only in statistics, but in the candid expression of your ideas. The completed application and enclosures should be sent to SMSA, Attention: Health Careers Scholarship Committee at the address shown below. All applications will be reviewed by the Committee and treated in a confidential manner.

GENERAL:

1. Full Name _____ Phone: _____

2. Address: _____

3. Birth Date: _____ Place of Birth: _____

4. Social Security Number or College ID Number: _____

5. Name of High School Graduating from: _____

_____ Date of Graduation: _____

6. Name and Address of accredited schools or colleges to which you have applied: _____

(a) Have you been accepted? _____

(b) In what field do you intend to major? _____

(c) Where do you intend to live while attending this College or University? _____

FAMILY:

1. Father:

(a) Full Name: _____

(b) Home Address: _____

(c) Father's Occupation: _____

(d) Name & Address of Employer: _____

2. Mother:

(a) Full Name: _____

(b) Home Address: _____

(c) Mother's Occupation: _____

(d) Name & Address of Employer: _____

3. Dependents:

(a) List below all financially dependent children, other than yourself:

Name _____ Age _____ Grade/Occupation _____

Name _____ Age _____ Grade/Occupation _____

Name _____ Age _____ Grade/Occupation _____

Name _____ Age _____ Grade/Occupation _____

(b) List below any other dependents receiving financial support from your family:

Name _____ Age _____ Grade/Occupation _____

Name _____ Age _____ Grade/Occupation _____

4. Marital Status: Single _____ Married _____ Divorced _____

(a) Spouse's Name: _____

(b) Spouse's Occupation: _____

(c) Name & Address of Employer: _____

5. Do you have children: _____ If so, how many? _____ Age(s) _____

6. Are you employed? _____ What is your position? _____

(a) Name & Address of Employer? _____

(b) How many hours per week? _____

FINANCES:

1. Annual Family Income: _____

(a) Parents: _____

(b) Yourself: _____

(c) Spouse: _____

2. Yearly Estimated Costs:

Tuition and Required Fees _____

Books, Instructional Equipment & Materials _____

Clothing _____

Room and Board _____

Personal and Recreational _____

Other _____ TOTAL _____

3. What are your plans for financing future training? _____

(a) Amount you have saved for this purpose: _____

(b) Amount you can expect from your parents or other sources (per year): _____

(c) Amount received from other scholarships: _____

(d) Additional scholarships for which you have applied: _____

4. Explain any special family circumstances the Committee should know about, ie. divorce, separation, dependencies, illness, special housing problems, etc. If other children are in college (or heading for college), state amounts it will cost.

ACTIVITIES:

List what school activities, clubs, or sports have you participated in, including offices held and academic honors earned.

OTHER REQUIREMENTS - TO BE RETURNED WITH YOUR APPLICATION

1. Two (2) signed letters of recommendation. At least one letter must be written by a teacher or counselor from your current school on school stationary.
2. Personal letter (one page or less) stating: additional information about yourself, educational purpose, and career goals
3. Official transcripts of all grades earned in high school or college.

_____ Signature	_____ Current Address
_____ Date	

Please return your completed application and information to:
Health Careers Scholarship Committee
Stanislaus Medical Society Alliance
P.O. Box 576007
Modesto, CA 95357-6007