



John C. Fremont Hospital Foundation

SCHOLARSHIP APPLICATION

Thank you for your interest in a scholarship from the John C. Fremont Hospital Foundation. Our mission is to strengthen the rural communities of the John C. Fremont Healthcare District to maximize health through partnership and philanthropy. *Your education is a key element to strengthening rural communities.*

This scholarship is for students with financial need who are planning to pursue a certification or degree in any medical field related to people (ie, not veterinarian). Although we prioritize applicants who plan to provide health services in Mariposa County, we will also consider students who are attending 4-year colleges with a stated healthcare major or intent to go on to medical school. The Foundation will award up to three \$1,000 scholarships this year.

Please be sure you answer every question and that you answer completely. Do not include any additional information not specifically requested. We will only base our decisions on the required items in the application.

Due: February - same date as MCHS General Applications

Applicant Information

(Answers typed into a separate document are preferred, but we will consider neatly hand-written applications.)

Name:

Full Address:

Phone/email:

High School/College GPA:

Please comment on any circumstances limiting your family or personal contribution to your schooling. For example: supported by only one parent (explain circumstance), in foster care, have multiple siblings, older siblings are in college, and so on. Please answer completely.

Other financial aid and/or scholarship funding you have been awarded (if known). Have you/will you apply for financial aid through FAFSA and/or CSS? If no, why not?

Type of post-secondary institutions you have applied to:

4-Year College	Trade/Vocational School
Community College	Certification/Licensure Fees

Major career interest:

Have you been accepted to a college/program (if so, please provide name and address)?

What is the duration of your program of study?

List all extracurricular activities that you have been involved in during your high school years: List the Activity - Years of Participation. Ex: Drama Club - 4 years

What volunteer experiences have you had, if any:

Current Employment (if employed). How long have you been employed? How many hours do you work?:

Please provide 3 non-family references (e.g. from school, job, community service, pastor, etc) with at least one not be school-related if possible. Include name, title, phone number/email:

Personal Statement: What motivated you to pursue an education and career in the healthcare field? What personal experiences contributed to this? Do you plan to return to Mariposa or work in another community? (Please be sure to answer every question. Type on a separate page, no more than 250 words, double-spaced.)

SIGNATURE OF AUTHENTICITY

I hereby certify that to the best of my knowledge, the information given on this Scholarship Application is true, correct, and complete. I understand that false or misleading information may lead to disqualification.

Print Full Name: _____

Signature: _____ ***Date:*** _____