

SCHOLARSHIP PROGRAM

St. Joseph's Medical Center / St. Joseph's Foundation of San Joaquin will award several merit-based scholarships to students currently enrolled a healthcare program, and who will complete their first year in the program by June 2021.

Any awarded funds will be sent directly to the educational institution for tuition and/or books in late summer. If you are graduating in the spring or summer of 2020, we ask that you do not apply. ***Monetary awards will be released to educational institution once St. Joseph's Foundation has received a written thank you from recipient.*

Criteria for Application:

- Resident of San Joaquin or surrounding counties
- Program offered by approved institution in healthcare field
- Two letters of recommendation from current instructors or supervisors, or a combination of both
- Applicants must demonstrate success (grade of "C" or higher) in current healthcare career course of study (i.e., first year of healthcare career courses), and consistently exhibit excellence in theory and clinical application.
- Applicant **MUST** include the following information with application - School name, student ID# and financial advisor's name and phone number

Application forms are available in the Human Resource Department at St. Joseph's Medical Center, on the St. Joseph's website www.stjosephscares.org/scholarships, or can be requested by contacting Cathy Swenson in Administration at (209) 467-6486.

Applications, transcripts, recommendations, written statement, and school financial aid information must be submitted by **June 30, 2020** to:

In Person or Mail to:

Attn: Rae Charos, Vice President or Cathy Swenson, Executive Assistant
St. Joseph's Medical Center - Administration
1800 N. California Street
Stockton, CA 95204
(209) 467-6486

ST. JOSEPH'S MEDICAL CENTER / ST. JOSEPH'S FOUNDATION
SCHOLARSHIP APPLICATION
Academic Year 2020 - 2021

PERSONAL INFORMATION:

Date: _____

Name: _____

First

Middle

Last

Home Number

Cell or message number

E-mail address

Address: _____

Number and Street or P. O. Box

City

County

State

Zip

EDUCATIONAL BACKGROUND:

1. Check your current educational / college progress:

1st year 2nd year 3rd year 4th year Other _____

3. No. of credits _____

EDUCATIONAL PLANS:

Health career interest: _____

Major/Subject: _____

Current Academic Objective:

1. A.A. degree

3. Master's degree

5. Certification

2. Bachelors degree

4. Licensure

6. Other (specify) _____

Anticipated graduation date: _____

School: _____ Student ID # _____

Advisor name: _____ Advisor phone: _____

PROFESSIONAL OBJECTIVE:

Please attach a short, one page statement sharing why you are entering / entered the healthcare profession and your career plans.

EMPLOYMENT:

Are you currently employed by St. Joseph's Medical Center? Yes No

If Yes, please provide start date: _____ Location/Unit _____

If No, please provide current employer: _____

Full Time _____ (hours/week) Part Time _____ (hours/week)

Have you been awarded any scholarships/forgivable loans? Yes No

If Yes, please list who and amounts: _____

Are you using any tuition reimbursement programs offered by Dignity Health / SJMC? Yes No

Are you now or have you been a volunteer at St. Joseph's Medical Center? Yes No

If Yes, please provide dates of service: _____

RELEASE OF GRADES AND OTHER INFORMATION:

All students/applicants should provide transcripts and sign below:

I hereby certify that, to the best of my knowledge, all of the information on this form and any forms attached to it are complete and accurate.

Applicant's Signature

Date