

**ST. JOSEPH'S MEDICAL CENTER / ST. JOSEPH'S FOUNDATION OF SAN JOAQUIN**  
**SCHOLARSHIP APPLICATION**  
**Academic Year 2025 - 2026**

**INSTRUCTIONS:**

- You must use our application form.
- Please **submit this application** signed along with:
  - Two current, dated references (within the last year)
  - Certified and sealed school transcripts
  - Mailed to SJFSJ Scholarships, 1800 N. California Street, Stockton, CA 95204.
- Submit a written statement aligned with the scholarship of your choice.
  - Education goals
  - Career goals
- Deadline: **August 1st, 2025**
- All communications will be via email from [sjfsj@commonspirit.org](mailto:sjfsj@commonspirit.org)

**PERSONAL INFORMATION:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last  
\_\_\_\_\_  
Home Number Cell 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:  
( ) 1<sup>st</sup> year ( ) 2<sup>nd</sup> year ( ) 3<sup>rd</sup> year ( ) 4<sup>th</sup> year ( ) Other \_\_\_\_\_
3. No. of credits \_\_\_\_\_

**EDUCATIONAL PLANS:**

Health career interest: \_\_\_\_\_ Major/Subject: \_\_\_\_\_

**Current Academic Objective:**

1. ( ) A.A. degree
2. ( ) Bachelor's degree
3. ( ) Master's degree
4. ( ) Licensure
5. ( ) Certification
6. ( ) Other (specify) \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

School Name & Address: \_\_\_\_\_

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. Describe how this scholarship will help you achieve your career goals.

**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/Common Spirit/ 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 will provide transcripts, two current letters of recommendation 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