

**ST. JOSEPH'S MEDICAL CENTER / ST. JOSEPH'S FOUNDATION OF SAN JOAQUIN**  
**SCHOLARSHIP APPLICATION**  
**Academic Year 2026 - 2027**

**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.
  - A one-page statement written statement on how your selected scholarship(s) will help you achieve your career goals and educational goals.
- Deadline: **August 1st, 2026**
- 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

**SCHOLARSHIPS APPLYING TO:**

***Check all that apply. Applicants can be awarded multiple scholarships.***

( ) Dr. Anitra Williams HOPE Scholarship	( ) Quitasol-Sison Memorial Scholarship
( ) Barbara Kane Memorial Scholarship	( ) Rae Gamboni Charos Nursing Scholarship
( ) Eliza Tanner Memorial Scholarship	( ) Richards-Collier Family Nursing Scholarship
( ) Gusman-Langston Family Nursing Scholarship	( ) Sister Gabriel Scholarship
( ) Loraine Margie Gamboni Memorial Scholarship: a Legacy of Caring	( ) St. Joseph's Nurses Society Scholarship
( ) Mended Hearts Big Valley Chapter 40 Scholarship	( ) "Welcome Home!" Scholarship

**EDUCATION:**

1. Check your current educational / college progress:

a. ☐ 1<sup>st</sup> year   ☐ 2<sup>nd</sup> year   ☐ 3<sup>rd</sup> year   ☐ 4<sup>th</sup> year   ☐ Other \_\_\_\_\_

2. No. of credits \_\_\_\_\_

3. Health career interest: \_\_\_\_\_

Major/Subject: \_\_\_\_\_

**Current Academic Objective:**

1. ☐ A.A. degree

3. ☐ Master's degree

5. ☐ Certification

2. ☐ Bachelor's degree

4. ☐ Licensure

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