

**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*

## **PERSONAL INFORMATION:**

Date:

Name: \_\_\_\_\_

Address:

**Number and Street or P. O. Box**

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City	County	State	Zip
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## **SCHOLARSHIPS APPLYING TO:**

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

<input type="checkbox"/> Dr. Anitra Williams HOPE Scholarship	<input type="checkbox"/> Quitasol-Sison Memorial Scholarship
<input type="checkbox"/> Barbara Kane Memorial Scholarship	<input type="checkbox"/> Rae Gamboni Charos Nursing Scholarship
<input type="checkbox"/> Eliza Tanner Memorial Scholarship	<input type="checkbox"/> Richards-Collier Family Nursing Scholarship
<input type="checkbox"/> Gusman-Langston Family Nursing Scholarship	<input type="checkbox"/> Sister Gabriel Scholarship
<input type="checkbox"/> Loraine Margie Gamboni Memorial Scholarship: a Legacy of Caring	<input type="checkbox"/> St. Joseph's Nurses Society Scholarship
<input type="checkbox"/> Mended Hearts Big Valley Chapter 40 Scholarship	<input type="checkbox"/> "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.

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Applicant's Signature

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Date