

ST. JOSEPH'S MEDICAL CENTER / ST. JOSEPH'S FOUNDATION
SCHOLARSHIP APPLICATION
Academic Year 2022 - 2023

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