

ST. JOSEPH'S MEDICAL CENTER / ST. JOSEPH'S FOUNDATION
SCHOLARSHIP APPLICATION
Academic Year 2023 - 2024

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
2. () Bachelors degree
3. () Master's degree
4. () Licensure
5. () Certification
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