

SCHOLARSHIP PROGRAM

St. Joseph's Medical Center / St. Joseph's Foundation of San Joaquin will award several merit-based scholarships to students currently enrolled in a healthcare program, and who will complete their first year in the program by June 2024.

Any awarded funds will be sent directly to the educational institution for tuition and/or books in late summer. **If you are graduating in the summer or fall of 2024, we ask that you do not apply.**

***Monetary awards will be released to educational institutions once St. Joseph's Foundation has received a written thank you from the recipient. (More information will be provided if you are selected.)*

Criteria for Application:

- Resident of San Joaquin preferred; adjacent counties considered on a case-by-case basis
- Program offered by approved institution in healthcare field
- Two letters of recommendation from current instructors or supervisors, or a combination of both
- Applicants must demonstrate success in current healthcare career course of study (i.e., first year of healthcare career courses), and consistently exhibit excellence in theory and clinical application
- Applicant **MUST** include the following information with application - School name, student ID# and financial advisor's name and phone number
- Application forms are available in the Human Resource Department at St. Joseph's Medical Center, on the St. Joseph's website www.StJosephsCares.org/Scholarships, or can be requested by contacting Yury Nevarez in Administration at (209) 467-6486.

Applications, transcripts, recommendations, written statement, and school financial aid information will start being accepted on February 1, 2024 and must be submitted by **August 1, 2024** to:

In Person or Mail to:

Attn: Anitra Williams, Vice President or Yury Nevarez, Executive Coordinator
St. Joseph's Medical Center - Administration
1800 N. California Street
Stockton, CA 95204
(209) 467-648

**ST. JOSEPH'S MEDICAL CENTER / ST. JOSEPH'S FOUNDATION OF SAN JOAQUIN
SCHOLARSHIP APPLICATION**

Academic Year 2024 - 2025

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, 2024**
- All communications will be via email from *supportsjmc@dignityhealth.org*

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. () 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