



Camarena Health Scholarship Program

2019 Scholarship Application Review Sheet

To qualify for a Camarena Health Scholarship you must meet the following requirements.

1. Career focus must be in the Medical field.
2. Be a Madera County residents or
3. Non-resident currently enrolled in a Madera County school or works in Madera County
4. Have a minimum accumulated GPA of 2.5 for persons currently enrolled in school or
5. Minimum accumulated GPA of 2.5 from the last school or college attended for persons not currently attending school

Please complete the application process as follows:

1. Complete Scholarship Application
2. Complete Activity Form
3. Provide three **(3)** letters of personal references.
4. Provide a Student Statement.

***Student Statement-** A statement about yourself that the scholarship committee will use, is essential for the review process. The statement should include information regarding community involvement, work history, prior college, or personal information relevant to your commitment to the medical field.

5. Provide Student Transcript

***All items are required to be eligible to apply**

Your completed application package must be received in the Camarena Health Administration Office **no later than Monday, February 4, 2019, by 5:00pm**. Our mailing address is as follows:

Camarena Health
P.O. Box 299
Madera, CA 93639

**Camarena Health
Memorial Scholarship Application**

Name: _____
Address: _____
City: _____

Birth date: _____
Home Phone: _____
Zip Code: _____

Academic Information:

High School Attended: _____
College Attended: _____

Cum GPA: _____
Degree: _____

Current School Attending: _____

****Note if classes are Honors or Advanced Placement**

Junior Yr. Classes (or College classes)	1 st Semester Grades	2 nd Semester Grades	Senior Year Classes	1 st Semester Grades

College/Career Plans:

College Choice: _____

College Major: _____

Career Goal: _____

Are you currently living at home with your parent(s)? If so please complete the following.

Family Information:

Father's Occupation: _____

Family Income (optional): _____

Mother's Occupation: _____

Spouses Occupation: _____

Number of Dependents: _____

Ages: _____

If not living with parents, please complete the following:

Source(s) of Income: _____

Applicant Information:

Work Experience: _____

Are you employed? Yes No Hours per week: _____

*On a separate sheet of paper prepare a ***STUDENT STATEMENT*** about yourself that the scholarship committee might find useful in reviewing your application. You may include more information about your financial need, career goals, interests, etc. (***This is very important***).

Activity Form

Name: _____
 Last First M. Initial

Please indicate below all of the extra-curricular activities engaged in during high school and circle the years of participation.

Athletics

Club Membership (School, Community and Church)

Offices Held (Club and Student Body)

Other Activities (e.g., Music, Drama, Journalism)

Awards, Honors/Achievements (School and Community)

Record of Employment (Volunteer and Paid)

FUTURE GOALS AND AMBITIONS (College and Career): Attach additional information sheet(s) if necessary.

**Camarena Health
Memorial Scholarship Application
Personal Recommendation Form**

Applicant's Name: _____

This is to be filled out by the individual recommending the student applicant.

1. What is your relationship with the applicant? (Teacher, employer, minister, etc.)

2. How long have you known the applicant? _____

3. Please rate the applicant as best you can, given the chart below:

	Outstanding	Strong	Average	Poor	Unknown
A. Motivation in school right now					
B. Desire to attend college					
C. Leadership capabilities					
D. Academic potential for success in college					
E. Involvement in community activities					

4. **Please write your personal estimation of the applicant on a separate piece of paper that you attach to this one.

Thank you for your support in writing this recommendation.

Signature

Printed Name

Position/Title

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