



# CamarenaHealth Foundation

**2025**  
**SCHOLARSHIP**  
**APPLICATION**



## Camarena Health Foundation 2025 Scholarship Application Review Sheet

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

**\*All items are required to be eligible for this scholarship**

- Career focus must be in the Health Care Field.
- Must be a Madera County resident **or** a non-resident who is currently enrolled in a Madera County school or works in Madera County
- Have a minimum accumulated GPA of 2.5 for persons currently enrolled in school or college; if not currently enrolled in school or college, then from the last school or college you attended.

**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 and is essential for the review process. The statement should include information regarding community involvement, work history, prior college, and any personal information relevant to your desire to pursue a career in the health care field and represent your community
5. Provide Student Transcript

Your completed application packet must be received in the Camarena Health Corporate Office by **February 7, 2025**. You can email, mail or bring it into the office at the following address:

Camarena Health Corporate Office  
730 North I Street, Suite 202  
Madera, CA 93637  
Email: [info@camarenahealth.org](mailto:info@camarenahealth.org)  
559-664-4009



**Camarena Health Foundation  
Scholarship Application 2025**

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Academic Information:**

High School Attended: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

College Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

Current School Attending: \_\_\_\_\_

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

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

Are you currently or have you completed a health pathway program, ROP or CTE courses at your school? YES \_\_\_\_\_ or NO \_\_\_\_\_ If so, please share which ROP or CTE courses you have completed?

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## 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: \_\_\_\_\_ Number of Siblings: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

Number of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

If not living with parents, please share about your guardians or who you live with: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Applicant Information:

Work Experience: \_\_\_\_\_

Are you employed? ☐ Yes ☐ No Hours per week: \_\_\_\_\_

## Student Statement:

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. Please print your full name at the top of the document and include your signature

\*A Student Statement is mandatory and must be included with your application to be considered for the scholarship



## Activity Form

APPLICANT'S NAME: \_\_\_\_\_

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

### **Athletics**

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### **Club Membership (School, Community and Church)**

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### **Offices Held (Club and Student Body)**

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### **Offices Co-Curricular Activities (Music, Drama, Journalism etc.)**

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### **Awards, Honors/Achievements (School and Community)**

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**Record of Employment including dates (Volunteer, Internship and/or Paid)**

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



**Camarena Health Foundation  
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. Mandatory: \*On a separate piece of paper, please write your personal statement of the applicant as to why you believe they would be a good candidate for this scholarship and attach to this form.**

Thank you for your support in writing this recommendation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position/Title



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