



CamarenaHealth Foundation

2027
**SCHOLARSHIP
APPLICATION**



Camarena Health Foundation 2027 Scholarship Application Review Sheet

To qualify for a Camarena Health Foundation Scholarship you must meet the following requirements and complete the application process fully:

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

- Career focus must be in the Health Care Field.
- Have a minimum accumulated GPA of 2.5 at school or college you are currently enrolled in; or 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 12, 2027**. 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
559-664-4009



**Camarena Health Foundation
Scholarship Application 2027**

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 st Semester Grades	2 nd Semester Grades	Senior Year Classes	1 st 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?

--



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

--

Club Membership (School, Community and Church)

--

Offices Held (Club and Student Body)

--

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

--

Awards, Honors/Achievements (School and Community)

--



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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