

Name: \_\_\_\_\_ School: \_\_\_\_\_

**BOYS & GIRLS CLUBS OF SAN DIEGUITO FOUNDATION  
AND  
SCRIPPS MEMORIAL HOSPITAL – LA JOLLA  
Scholarship Program 2017**

**Information and Application**

**PURPOSE:**

To provide financial assistance to community youth who are pursuing education in preparation for a role in health care (e.g. dietician, certified nursing assistant, radiology, technologist, phlebotomist, nurse or physical therapy assistant, etc.) Preference will be given to applicants in North San Diego County high schools with emphasis being given to students applying to California public universities and community colleges. **No out of state colleges and no private colleges.**

**ELIGIBILITY CRITERIA:**

- The student has enrolled or plans to enroll in a course of study leading to preparation in the health care field as a professional, paraprofessional or technical worker.
- The student is able to demonstrate financial need.
- The student has maintained a 2.5 GPA on a 4 point scale

**Mail completed application (postmarked on or before Monday, April 17, 2017) to:**

BOYS & GIRLS CLUBS OF SAN DIEGUITO FOUNDATION  
P. O. BOX 871  
SOLANA BEACH, CA 92075

**OR hand-deliver completed application (no later than Monday, April 17, 2017 at 12 noon) to:**

BOYS & GIRLS CLUBS OF SAN DIEGUITO FOUNDATION  
533 LOMAS SANTA FE DRIVE  
SOLANA BEACH, CA 92075  
Tel.: 858-755-9012  
Email: [foundation@BGCSanDieguito.org](mailto:foundation@BGCSanDieguito.org)

**The following must accompany your application to be complete:**

- Essay (describe intended course of study and goals related to work in the healthcare field)
  - College acceptance letter(s)
  - Transcript
  - Two letters of reference (prefer one each from an educator and an employer)
  - Parents' income tax records
  - Picture of self (optional)
  - Copy of social security card
- 
- ❖ The Scholarship Review Committee will review all complete applications. A personal interview may be requested for final candidates.
  - ❖ Scholarship funds will be paid directly to the academic institution to offset cost of tuition and related fees.

**SCHOLARSHIP APPLICATION 2017**  
**Facilitated by:**  
**THE BOYS & GIRLS CLUBS OF SAN DIEGUITO FOUNDATION**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Email address: \_\_\_\_\_

Social Security Number or DACA # \_\_\_\_\_

High School Currently Attending: \_\_\_\_\_

Do you currently live with your parents? \_\_\_\_\_ Do your parents own  or rent  their home?

Number of dependent children living at home (including self) and ages: \_\_\_\_\_

Family members in college. Year and school attending:

\_\_\_\_\_

Please check one: Parents are: Married  Separated  Divorced  Widowed

**PERSONAL STATEMENT/ESSAY:** *On a separate piece of paper, describe your background and what is important to you in approximately 300 – 500 words.*

**ACADEMIC STANDING:**

Grade point average \_\_\_\_\_ SAT score \_\_\_\_\_ ACT score \_\_\_\_\_

Describe any scholastic honors you have received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COLLEGE PLANS:**

Scholarships you have applied for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Scholarships you have received and their amounts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

College(s) where you have been accepted: \_\_\_\_\_

\_\_\_\_\_

College you plan to attend: \_\_\_\_\_

Intended course of study: \_\_\_\_\_

List extracurricular activities:

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

Have you had any experience with the Boys and Girls Clubs? Please explain:

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

What work experience have you had?

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

**FINANCIAL NEED:**

What is your father's occupation? \_\_\_\_\_

What is your mother's occupation? \_\_\_\_\_

What is your annual family income? \_\_\_\_\_

Have you applied for financial aid?\* \_\_\_\_\_ Amount Recd.: \_\_\_\_\_

Have you applied for FAFSA? Yes  No

Have you received an Awards Letter? Yes  No  Amount Recd.: \_\_\_\_\_

**How will you meet expenses not covered by scholarship(s) and/or financial aid?**

\_\_\_\_\_

**Final candidates must bring additional financial aid information to the interview committee for review.**

If selected as a recipient, I agree to keep the Scholarship Committee updated as to my educational progress and job opportunities throughout the time period covered by my scholarship. In addition I will give permission to my school to release my academic records to the Scholarship Committee.

I certify, under penalty of perjury, that the foregoing financial need information is true and correct.

\_\_\_\_\_  
**Parent/Guardian Signature      Date**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**