

Name: _____ School: _____

**BOYS & GIRLS CLUBS OF SAN DIEGUITO FOUNDATION
HEALTHCARE SCHOLARSHIP 2024**

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 October 31, 2024) to:

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

OR hand-deliver completed application (no later than October 31, 2024 at 12 noon) to:

(Due to current situation, please notify via email before dropping off)

BOYS & GIRLS CLUBS OF SAN DIEGUITO FOUNDATION
533 LOMAS SANTA FE DRIVE
SOLANA BEACH, CA 92075

Tel.: 858-755-9012

Email: foundation@BGCSanDieguito.org

******PLEASE let your high school counselor know you are applying for this scholarship******

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' 1040 income tax records for 2023 **REQUIRED*****
 - 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 2022

**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? _____

(**must include** 1040 income tax records for 2021)

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