



Healthcare Occupations Scholarship

Made possible by funds from the Bert and Suzanne Katz Endowed Scholarship for Nursing and Allied Health Students

Applicant Information					
Last Name:		First Name:		M.I.:	
Permanent address:					
City / State:		Zip:		Country:	
Primary Phone:		Secondary Phone:			
Email Address:					
Date of Birth:		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Number of individuals in your household:					
Do you have primary responsibility for supporting the individuals in your household?:	<input type="checkbox"/> Yes / <input type="checkbox"/> No				
Gross Family Income from the last 12 months:					

Program Information		
Name of current program:		
Are you currently taking credit coursework?:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	If yes, name of program:
<i>Note: Students currently enrolled in credit coursework are not eligible for the Healthcare Occupations Scholarship.</i>		
Do you intend to take credit coursework within the next year?:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	If yes, name of program:

Education Information			
Name of High School:			
City / State:			
Highest Grade completed:			
High School Diploma or GED?:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Date Received:	
College			
Institution Name:			
Location			
Dates attended:		Major:	
Degree:		Date received/expected:	
Other Training / Certification			
Institution Name:			
Location			
Type of Certificate:		Date received:	

Work History		
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Employer (<i>current or most recent</i>):		
Location:		
Dates of employment:		
Employer :		
Location:		
Dates of employment:		
Employer:		
Location:		
Dates of employment:		

Summary

Please provide a brief (300 word maximum) summary describing your interest in health occupations, and request for a scholarship (*please attach typed summary*).

Applicant Signature: _____ Date: _____