

St David's
FOUNDATION
COMMUNITY FUND

St. David's Neal Kocurek **2010-**
Scholarship Application **2011**

All applicants
must complete
application.

Please print
or type.

This application is also available online at www.stdavidsfoundation.org.

Name Mr. Ms. (Please Circle)

(_____) _____
Home Phone

(_____) _____
Mobile Phone

Mailing Address

City

State

Zip

Permanent Address

(_____) _____
Telephone

City

State

Zip

E-Mail Address

PLEASE NOTE: St. David's Foundation will notify students if they are chosen for an interview. In the event we are unable to reach you, we may speak to a parent. If any family members speak a language other than English please indicate below:

Spanish French Vietnamese Other: _____

Date of Birth: ____/____/____ Social Security Number: ____ - ____ - ____

Copy of Proof of U.S. Citizenship:

Birth Certificate Passport U.S. citizenship papers or Legal Residency

1. Applicant's Area of Study

Clinical Laboratory Technology

Pharmacy Technology

Radiologic Technology

Pre-med

Pre-dental

Respiratory Therapy

Nursing

Physical Therapy

Other: _____

Occupational Therapy

Physical Therapy Assistant

Pharmacy

Radiation Oncology Technology

NOTE: Consideration will not be given to a student who wishes to pursue a career in a health-related field not pertaining to humans.

5. *Activities and Interests*

Activity/Interest	Leadership Roles	Year

6. *Community Involvement*

Community Activity	Leadership Roles	Year

7. *Essay*

Write an original essay in your own words not to exceed one type written page that will help the committee understand you and your motivation. Your essay should answer the following two questions for the committee:

1. What is your intended career path in healthcare and why are you motivated to pursue it?
2. What are your personal traits and leadership characteristics that will allow you to complete your education and pursue a healthcare career?

8. Financial Information

Information in this section must be filled out completely or your application will not be considered.

Please check and explain all means of financing education.

Personal _____

Grants _____

Loans _____

Scholarships _____

Parental _____

Spouse _____

Other _____

If you are personally financing your education, what is your approximate annual income? _____

Please complete the following section, if applicable.

Father / Guardian / Spouse's Name

Address

City _____ *State* _____ *Zip* _____

(_____) _____
Telephone _____ *Occupation* _____

Employer _____ *Length of employment* _____

Annual Income _____ *Social Security Number* _____

Mother / Guardian

Address

City _____ *State* _____ *Zip* _____

(_____) _____
Telephone _____ *Occupation* _____

Employer _____ *Length of employment* _____

Annual Income _____ *Social Security Number* _____

How many people are dependent on this income or combined incomes? _____

Please provide contact information for the three people who are writing your letters of recommendation.

1. _____
Name Occupation Title

Address

City State Zip Telephone

2. _____
Name Occupation Title

Address

City State Zip Telephone

3. _____
Name Occupation Title

Address

City State Zip Telephone

I verify that the information within this application is correct.

Signature Date

St. David's Neal Kocurek Scholarship collaborates with other Central Texas scholarship programs in an effort to help qualified applicants get access to as many awards/scholarships as possible. Occasionally, we will see an opportunity for applicants to our program to apply for additional scholarships. When that happens, we would like to share your application information with those programs and ask them to contact you if there is a potential match. However, we will only share your information with your approval, so please indicate your preference below:

Yes, please share my application with another scholarship program if there is an appropriate opportunity.

No, I do not wish for you to share my application with any other scholarship programs.



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