

St David's
FOUNDATION
COMMUNITY FUND

St. David's Neal Kocurek
Scholarship Application **2012-2013**

All applicants must complete an online application

All applicants must complete an online application that is available at www.stdavidsfoundation.org. **NOTE:** this is a sample application only. All students **MUST** apply online by filling out the application and attaching all of the required supplemental information at www.stdavidsfoundation.org.

Name Mr. Ms. (Please Circle)

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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.

This application is for reference only. Scholarship applications must be completed online at www.stdavidsfoundation.org.

2. Education List high schools and colleges, beginning with the current or most recent.

ALL INFORMATION MUST BE PROVIDED OR THE APPLICATION WILL BE CONSIDERED INCOMPLETE.

School	City	Dates Attended	Degree / Diploma

GPA	Class Rank	Class Size	SAT or ACT Score (this MUST be included)

When do you expect to graduate from high school? _____

At which college or university have you been accepted for the fall of 2012? **If you have not already been accepted please list the schools to which you applied:** _____

3. Work Experience

Employer	Type of Work	Dates

4. Awards, Honors, Scholarships

Awards/Honors/Scholarships	Year

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, **including the student**? _____

Please provide contact information for the two 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

I verify that the information within this application is correct.

Signature

Date



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The online application is available at www.stdavidsfoundation.org.
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