



APPLICATION FOR SCHOLARSHIP

PERSONAL INFORMATION

Full Name: _____ Member ID: _____
 Date of Birth: ____ / ____ / ____ Race: _____ Sex: Male Female Other: _____
 Parent's Cell Phone: _____ Parent's Email: _____
 Student's Cell Phone: _____ Student's Email: _____
 Address: _____ Apt# _____
 City: _____ State: _____ Zip Code: _____

SCHOOL INFORMATION

Please attach an unofficial transcript to this application when you submit it.

- 1) School GPA: _____
- 2a) What is your favorite subject in school? _____ 2b) Why? _____
- 3) What job/certification areas are you interested in studying after graduating from high school?

- 4) Please list any school or community activities you participate in:

QUESTIONS

- 1) Some say social media is superficial, with no room for expressing deep or complex ideas. We challenge you to defy these skeptics by describing yourself as fully and accurately as possible in the 140-character limit of a tweet.

- 2) What is the most important thing you have learned in high school?

- 3) What is the most important thing you have learned from an adult?

- 4) What do you hope to be doing ten years from now?



RECOMENDATION LETTER

NAME OF SCHOOL FACULTY MEMBER

Please explain why this student would be successful in a post-secondary education setting (certification, vocational training, apprenticeship, etc.)

Faculty Member Signature _____ Date ____ / ____ / ____
Applicant Name (Print) _____ Member ID _____
Applicant Signature _____ Date ____ / ____ / ____

FOR OFFICE USE ONLY

Health Plan _____ Years of Membership _____
Application Reviewed By _____ Date of Review ____ / ____ / ____

For questions about CareerReady, please email us at LifeServices@CommunityHealthChoice.org

Completed Recommendation Letters can be emailed to [Life Services@CommunityHealthChoice.org](mailto:LifeServices@CommunityHealthChoice.org) or mailed to The Life Services Team, c/o Jenny Mathai, 2636 South Loop West, Suite 125, Houston, TX 77054.