

# APPLICATION FOR SCHOLARSHIP

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

What is your Race or Ethnicity?  White  Hispanic, Latino or Spanish  
(Select all that apply)  Black or African American  Asian  Other (please specify): \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expected Delivery Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

1) How far along are you in your pregnancy? \_\_\_\_\_ weeks  I already delivered

2) How many children do you have? \_\_\_\_\_ (Please include the child you are currently pregnant with)

3) What are the ages of your children? \_\_\_\_\_

(For the next five questions check your answer and explain when necessary)

4) Who is the head of your household?  Myself  My partner  My parent  Other: \_\_\_\_\_

5) Other than your children, is there anyone else who is dependent on you?  No  Yes, who: \_\_\_\_\_

6) Do you have a valid Driver's License?  Yes  No

If no, do you have an unexpired government issued ID?  Yes  No

7) How did you hear about this scholarship opportunity?  My Doctor or Nurse  A Friend or Family Member  
 Community Website  Social Media Post  Postcard  Community Employee  Other: \_\_\_\_\_

8) When would you like to begin job certification classes?  Fall 2020  Spring 2021  Other: \_\_\_\_\_

## SCHOOL INFORMATION

1) What is your highest level of education completed? \_\_\_\_\_

2) Do you have a high school diploma?  Yes  No

If yes, what was the name of the high school and the city it was in? Name: \_\_\_\_\_ City: \_\_\_\_\_

3) What job/certification areas are you interesting in studying? \_\_\_\_\_

## QUESTIONS

1) What is the most important lesson you have learned in life so far? \_\_\_\_\_

2) What do you hope to be doing 10 years from now? \_\_\_\_\_

Applicant Name (Print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## FOR OFFICE USE ONLY

Health Plan \_\_\_\_\_

Years of Membership \_\_\_\_\_

Application Reviewed By \_\_\_\_\_

Date of Review \_\_\_\_\_