

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:

- 5) Do you have a valid Driver's License? Yes No
If no, do you have an unexpired government issued ID? Yes No
- 6) How did you hear about this scholarship opportunity? My Doctor or Nurse A friend or Family Member
 Community Website Social Media Post Postcard Email Community Employee
 Other _____
- 7) When would you like to begin job certification classes? Fall 2021 Other _____
- 8) Do you have a high school diploma? Yes No

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 ____ / ____ / ____

Completed Recommendation Letters can be emailed to [Life Services@CommunityHealthChoice.org](mailto:LifeServices@CommunityHealthChoice.org)