

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 four 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 Email
 Community Website Social Media Post Postcard Community Employee Other: _____
- 8) When would you like to begin job certification classes? Fall Spring 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 _____