

DMC Foundation

“Health Through Education”

January 28, 2011

DMC Foundation provides scholarships for nursing and other health-related fields through a variety of sponsors. You need only to complete one application to be considered for any of the scholarships currently being offered. The Scholarship Committee will determine the scholarship(s) for which you are eligible.

In order to be considered for any of the scholarships, **you must:**

1. Complete the application in full (a resume may be submitted in addition to the completed application.)
2. Students will submit two letters of recommendation. DMC Foundation must receive all recommendation letters **by the deadline date.**
3. Submit an **official** transcript of grades, including the Fall 2010 semester. Unofficial transcripts will not be accepted.
4. High School students are required to submit proof of acceptance to an accredited college, which you must attend on a full-time basis.
5. Be a resident of Stanislaus County or be enrolled in classes in an accredited school in Stanislaus County.
6. Education goal must be in a health care related field.
7. Former recipients of scholarship funds are eligible to apply for further scholarship awards.
8. Students must maintain a 3.0 grade point average both prior to and during the period when the scholarships are awarded.

Our deadline for receiving **complete** scholarship applications is 5:00 p.m. on Thursday, March 31, 2011. Applications received after that date **will not be considered.** Notification to all applicants will be mailed no later than May 9, 2011.

Please return your completed application and accompanying documents to:

Scholarship Committee
DMC Foundation
730 McHenry Avenue
Modesto, CA 95350

If you have any questions, do not hesitate to call DMC Foundation at (209) 527-3412 or e-mail Sara Roberts at sroberts@dmcf.org.

DMC Foundation – Scholarship Application 2011

Please Check One:

- I am currently in High School
 I am currently in college working toward a health license or credential
 I am currently a licensed health professional seeking further education

Personal Information:

Date: _____

Name:

First Middle Last
Permanent Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Email Address: _____

Date of Birth: _____

Student Status

Currently enrolled at _____

Present Year in School: Freshman _____ Sophomore _____ Junior _____ Senior _____

School you plan to attend next fall: _____

Have you been officially accepted into this school? _____ (Include a copy of acceptance if you are not currently enrolled at this college.)

Major: _____

Career Goal: _____ Date anticipated: _____

Educational History

If you are currently in high school (If you are not in high school skip this question)

List your CSU G.P.A. (This is your semester grades 10-12. Do not include PE or Work Experience.) _____

How many semesters of honors classes have you taken? _____

Have you earned any college credits? _____ How many? _____

Names of Colleges _____ (please attach transcripts)

ATTACH A COPY OF YOUR HIGH SCHOOL TRANSCRIPT TO THIS APPLICATION.

If you are currently in college or a college grad seeking further education

Cumulative college G.P.A. _____ College units earned: _____
Colleges attended: _____

ATTACH A COPY OF YOUR COLLEGE TRANSCRIPT TO THIS APPLICATION.

Work History

Are you currently *employed* by Doctors Medical Center or DMC Foundation? _____
If yes, which department? _____

Are you or have you been a DMC hospital volunteer? _____ When: _____

Name of any employers and type of business or organization
(List most recent employment first)

Employer	Position	From	To
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List Activities In Student Affairs – include sports: (Indicate the approximate time you were involved in these activities) Use back of page if you need more space.

List Activities In Community Affairs: (Indicate the approximate time you were involved.) Use back of page if you need more space.

List Awards and Honors: (List the month & year you received the award or honor)

Financial Resources & Family History

Have or will you file a FAFSA (Free Application for Federal Student Aid)? This is the form for federal & state financial aid. _____

If yes, what was your EFC (Expected Family Contribution) number (taken from your Student Aid Report)? _____

If you have not received your SAR yet, place a check here _____ & call DMC Foundation office when you get it. (209) 527-3412 - Sara

As of January 1, 2011, are you 24 years of age? _____

Parent Gross Family income for 2010 (use figures reported to IRS) \$ _____

Student Income for 2010 \$ _____ Estimated Student income for 2011 \$ _____

Grant and Scholarships awarded \$ _____

Name of awards _____

Federal/State Loans you have been awarded \$ _____

Name of Loans _____

How many family members live in your household (including yourself) _____

How many family members from this household will be in college in 2011 _____

Student Budget (for one year). Budget is available from your college financial aid office. (Each college has established and published its own budget.)

Tuition and/or fees: \$ _____

Housing/living costs: \$ _____

Books & Supplies: \$ _____

Miscellaneous: \$ _____

Total Student Budget: \$ _____

Special Circumstances:

Comments on special circumstances influencing your financial situation:

I VERIFY THAT ALL STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I hereby authorize the release of such information from my educational files as may be required for the purpose of considering me for a DMC Foundation Scholarship.

Date: _____ Signature of Applicant: _____

Scholarship Application

Student Statement of Educational Purpose

In the space below, submit a typewritten statement about yourself and your educational purpose. Include your career goals, anticipated plans after graduation and why you wish to be considered for a DMC Foundation Scholarship. This statement will be used to assist the committee in evaluating your scholarship application. (In 500 words or less)