



2009 High School Health Pathway Graduate \$500 "Pre-Allied Health & Pre-Nursing" Scholarship Application

ELIGIBILITY:

- Must be a graduating senior (Class of 2009) from a high school *Health Career Pathway* program that is affiliated with the *Regional Allied Health and Science Initiative* (refer to www.RAHSI.org/students.htm for more information).
- Must have applied for Higher Education (community college, university, and/or a trade/vocational school) and intend to begin classes in summer or fall of 2009.
- Must have a career goal related to allied health or nursing (refer to www.RAHSI.org/students.htm - *Career Exploration* section for more information).
- Must graduate with an overall 2.5 Grade Point Average (GPA). (*Note: Will be verified by scholarship selection committee*)

Name _____ Grade Level _____

High School _____

Which *Health Career Pathway* courses have you taken? (*Check all that apply*)

Medical Biology Name of teacher _____

Medical Chemistry Name of teacher _____

Physiology/Anatomy Name of teacher _____

ROP: Specify _____ Name of teacher _____

Home Address _____

City _____ State CA Zip Code _____

Home Phone Number () _____ Cell Phone Number () _____

Career Goal(s) related to allied health or nursing?

College, university, and/or trade school at which you intend to enroll in summer or fall?

If *other* than a community college, have you been *accepted* (in writing) to the school you listed?

Yes / No (*Circle one*)

What is your current GPA ? _____

ESSAY INSTRUCTIONS:

- On a separate sheet of paper, prepare a short essay on your education plans following high school graduation. Be sure to indicate (a) how this \$500 scholarship award will be applied toward your health profession education (textbooks, training equipment/tools, transportation and/or permits, etc.) and (b) how your higher education will relate to your ultimate career goals.
- Limit your essay to two, *typed* 8 ½ x 11" pages, front-sided only, in font Arial or Times New Roman, and font size 11 or 12. Remember to include your name on all pages.
- Staple this completed Application Cover Page to your essay.
- Mail to: Scripps Mercy Hospital Chula Vista
Attention: Derek Cunningham, PHR, CHCR
435 H Street, CV101
Chula Vista, CA 91910
- **THE POST OFFICE POSTMARK ON YOUR APPLICATION MUST INDICATE JULY 01, 2009 OR EARLIER. NO EXCEPTIONS!**

Questions? Contact **Sonia Lira**, RAHSI Industry Connections Coordinator, at (619) 644-7073 or sonia.lira@gccd.edu.