Partners for Health
2019 Scholarship Application
Prerequisites and Instructions

1. Applicants must be currently enrolled as a full time student in a credit-awarding college or university and working toward a career in a healthcare -related profession.

2. Applicants must send a completed application including two letters of recommendation from non-family members in one envelope to Partners for Health Scholarship Committee, c/o Dawn Gielau, Abrazo West Campus, 13677 W. McDowell Road, Goodyear, AZ 85395.

   [NOTE: Incomplete applications will not be considered. **Applications are due by** <mark>**March 15, 2019**</mark>. **There are no exceptions to this deadline**. **Scholarship recipients, selected for an award, will be notified by April 15, 2019.**

   Upon receiving notice of an award, applicants must send a letter of acceptance of the award to the Scholarship Committee at above address. Letter must include verification of enrollment or class schedule as well as the name and address of the college or university to which the award will be sent. The Scholarship Committee will notify the school of the award amount which will be sent directly to the school after student provides the Scholarship Committee the required documents outlined above as well as a written copy of passing grades. All documents are due back no later than <mark>June 15, 2019</mark>

Partners for Health
2019 Scholarship Application

Type or print in black or blue ink only. Please give complete answers to each question. Write "none" where applicable.

PART A – PERSONAL DATA

_____ _____

Candidate's Last Name   First Name   MI   DOB (m/d/y)

_____   _____

Home Address   Last 4# of SSN

_____   _____   _____

City/State/Zip   Phone: home   cell

PART A – SCHOOL EXPERIENCE
 I am currently enrolled at the following institution:

_____   _____

Name of School   Telephone

_____   _____

Address   City/State/Zip

_____   _____   _____

Course of Study   Anticipated credits   Current G.P.A
                                                per semester

PART A – WORK Experience

Name & Location   From   To   Phone #

_____   _____   _____   _____

_____   _____   _____   _____

_____   _____   _____   _____

PART A – Volunteer Experience

Name & location	Position	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART A – FINANCIAL NEED

Please describe your current financial need and the impact a Partners for Health Scholarship will have on your plans.

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PART A – CANDIDATE'S STATEMENT

Describe your interest in health care, your involvement to date and how you have benefitted personally and/or professionally from this involvement. Include your career goals and how you plan to accomplish them.

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_____   _____
                    Signature   Date

PART B – TO BE COMPLETED BY THOSE WRITING LETTERS OF RECOMMENDATION. Please include in your letter your knowledge of applicant's commitment to study, work ethic, maturity, sensitivity, leadership, communication skills, initiative, intellectual ability and other personal qualities you would like to commend.

_____ _____ _____

Applicant's Last Name   First Name   MI

How long have you known applicant?_____

What is your relationship to the applicant? _____

Describe briefly why you think this applicant should receive a scholarship.

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_____ _____ _____

Print Name   Position   Phone #

_____   _____

Signature   Date

PARTNERS FOR HEALTH SCHOLARSHIP * 13677 W. MCDOWELL RD * GOODYEAR, AZ 85395