# Community Health Worker

# Scholarship Application 2022-2023

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | YES | NO | If no, are you authorized to work in the U.S.? | YES | NO |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Education

|  |  |  |  |
| --- | --- | --- | --- |
| High School: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Diploma: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| College: |  | Address: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | | NO | | Degree: | |  |
| May we contact your school/teacher for a reference? | | | | | | YES | | NO | |

## Employment History, if applicable

Please list current and last employer, or if unemployed, last two employers.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |

## References

Please list two references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Address: |  |  |  |
|  |  |  |  |

## Qualifications and Attachments

Qualifications:

1. High school graduate or completion of HiSet requirements

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Attachments: The following must be attached to your completed application

1. Essay on your personal career goals and why this scholarship is of interest to you in 500 words or less (approximately one page)

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a scholarship, I understand that false or misleading information in my application may result in loss of scholarship.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

## To be completed by Reviewer

* Qualifications met
* References contacted
* Employer(s) contacted
* Resume received
* Essay received
* Recommend for scholarship | Amount of Award: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not recommended for scholarship

Reason for decline:

|  |  |  |  |
| --- | --- | --- | --- |
| Reviewer  Signature: |  | Date: |  |