APPLICATION FOR FAIRCHILD MEDICAL CENTER YREKA GUILD – EUNICE ADAMS SCHOLARSHIP

Name of Applica	nt			
	Last	First	M.	Age
T A J.J				
Home Address_				
	Number and Street		Telephone No.	
	City	State		Zip Code

QUALIFICATIONS AND INSTRUCTIONS

- 1. Applicant must be from the area served by Fairchild Medical Center.
- 2. Applicant must plan a career in a branch of the medical field.
- 3. Applicant must have a grade average of "C" or better.
- 4. Applicant must fill out his/her portion of the application as completely as possible. Answer all questions carefully and thoughtfully.
- 5. A completed transcript should accompany the completed application.
- 6. A letter of recommendation from a teacher and from a member of the community Known to the applicant should accompany the completed form.
- 7. Completed applications must be returned to:

Yreka Guild –Eunice Adams Scholarship Fund C/o: Fairchild Medical Center Attn: Elizabeth Langford 444 Bruce Street Yreka, CA 96097

On or before April 6, 2020

8. Monies awarded will be for the following <u>fall</u> semester. Written verification from the Dean of Admissions must be received by the Guild, stating that the recipient is a full time student (carrying at least 12 units) prior to sending the monies to the recipient.

This part of the application is to be filled out by the Applicant.

(print or type)

Schools Attended:

High School	Expected Date of Graduation _	Current Grade Point Average
Father's Name	Occupation	
Address		
Mother's Name	Occupation	
Address		
Names, ages and schools a	attending of other children in the house	nold: 1
2	3	4
Are you totally dependent	on your parents? If not, what	percent support do you receive?
Number of others depende	ent upon parents? Totally	Partially
State approximate amount	of aid you will receive during college y	year \$
Sources 1	2	3
Do you plan to work durin	g vacation and/or school year?	
Is financial aid necessary t	o continue your education?	
Will you receive other sch	olarships? Ho	ow much?
What college or university	do you plan to attend?	
Major field of study?	Have you submitt	ted an application to the school?
Have you been accepted?_	Why are you interested i	in the health care field?
Please give other informat	ion about yourself that will be helpful t	o the Scholarship Committee
References: (Do not use r	elatives)	
Name	Address	
Name	Address	
Name(Attach any reference lette		

This part of the application is to be filled out by the Applicant. (print or type)

List your student activities other than studies, including offices held and honors received. Describe your participation in organized activities outside of school (church, community, youth groups, etc.) Describe more particularly those activities, including sport or recreation, in which you are "most" interested. Do you have any special talent or ability aside from studies? What is it and what have you done to develop it?

This portion of application is to be filled by parent or guardian. (Any information provided below will be kept strictly confidential) (print or type)

Do you confirm applicant's statements and intentions as presented in this application?
Approximately how much financial assistance is needed, if any? Is the family able and willing to assist the applicant in completing their first year of college year?
The remaining college years?
Please make any other statement you wish as to why this scholarship would be helpful.