

Partnership HealthPlan of California Member Scholarship Program Application

PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS.

1.	Name (First, MI, Last): _____
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2.	Date of Birth (mm/dd/yyyy): _____
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3.	Street Address: _____
	City: _____ State: _____ ZIP: _____

4.	Telephone Number: _____	4.	Email: _____
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6.	<p>Are you a current Partnership member or former member?</p> <p><input type="checkbox"/> I am a current member. <input type="checkbox"/> I am a former member.</p> <p style="text-align: center;">Last date of membership: _____</p>
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7.	<p>If you are under 18, please provide the name and address of parent(s) or legal guardian(s):</p> <p>Parent(s) or Guardian(s): _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p> <p>Phone: _____ Email: _____</p>
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EDUCATION

8.	<p>High school: _____ City, State: _____</p> <p>Year of Graduation: _____ <input type="checkbox"/> I hold a GED instead of a high school diploma.</p> <p>Describe any additional education you may have received below:</p>
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	Name of Institution	Dates Attended	Year Graduation and Degree (if applicable)

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9. Please indicate whether you are currently enrolled in, have been accepted to, or have applied to a higher education institution. Include the name of the school.

Enrolled Name of higher education institution: _____

Accepted Name of higher education institution: _____

Applied Name of higher education institution: _____

Proof of acceptance or current student enrollment from the school is required prior to receipt of funds. For example, applicant will be asked to provide a copy of the letter of acceptance from the higher education institution, a transcript if currently enrolled, or similar documentation.

10. What specialty/major are you pursuing, or planning to pursue, in your education?

List and briefly describe any work experience you may have.

<i>Position</i>	<i>Employer</i>	<i>Dates of Employment</i>	<i>Duties</i>

12. List any academic honors or awards you have received.

13. Briefly list community-related activities or hobbies that you have been involved in through your school, church, or other organization.

ESSAY QUESTIONS

Please answer the following questions. Please submit your responses on separate document and include with this application.

1. How will your studies further your plans for a career in the health care and/or human/public/social services fields? And what are your career goals? [500 words]
2. How has Partnership HealthPlan of California been a partner in your health/life? (This can be medical care, services, and/or supports that Partnership has helped provide.) [500 words]
3. Is there anything else you want to share that makes you a good candidate to receive this award that has not been included in your application already? [250 words]

CONFIDENTIALITY WAIVER, ESSAY RELEASE AND STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby give *Partnership HealthPlan of California* permission to release any information provided by me in this application to the Partnership Member Scholarship Program Selection Committee.

I hereby grant *Partnership HealthPlan of California* permission to use the essay responses provided by me in this application for all purposes and in perpetuity. I waive the right to inspect or approve versions of the essay responses.

I hereby understand that if chosen as a scholarship winner, according to Partnership HealthPlan of California Member Scholarship Policy and Procedures, I must provide evidence of enrollment/registration at the education institution of my choice before scholarship funds can be awarded.

I hereby understand that if chosen as a scholarship winner, I will agree to provide a photo that Partnership can use to identify me as the winner in its announcement and any such publicity materials related to the scholarship.

Signature of scholarship applicant: _____ Date: _____

REMINDER

All applications must be received by **February 28, 2025** to be considered.
