

Rady Children’s Hospital-San Diego

2019 FACES for the Future Alumni Scholarship Application

APPLICATION INSTRUCTIONS

**A qualifying applicant must:**

* Be a current college student, or enrolled to begin this fall
* Have a current GPA of 2.8 or higher
* Be a graduate of the FACES for the Future-San Diego program
* Intend to pursue a health-related career

PART A: CONTACT INFORMATION

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial: \_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (Home):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART B: DEMOGRAPHIC INFORMATION

Gender: Male Female Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race/Ethnicity: □ Hispanic □ White □ African American □ Native American □ Asian

□ Filipino □ Pacific Islander □ Indochinese (Cambodian, Lao, Vietnamese, Thai, Hmong)

PART C: COLLEGE INFORMATION

Current college name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College city/state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current college status: Full time Part time Current Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_

Intended/declared major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intended career: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree pursuing: □ Associate’s □ Bachelor’s □ Master’s □ Doctorate □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of completed college credits: \_\_\_\_\_\_\_\_ Intended Graduation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan to transfer? □ Yes □ No To what school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART D: ESSAY

1. Describe in 300 words or less your need for a scholarship, and how you would use the award money.
2. Describe in 250-500 words what career you intend to pursue, how the career relates to the health-field, and what you have to contribute to this particular career and field of work.

PART E: PROFESSIONAL AND ACADEMIC INFORMATION

1. Please provide a resume or brief listing of your extracurricular, volunteer, and/or employment experiences (including roles, responsibilities and length of time of commitment), as well as any awards or honors that you have received during college.
2. Please provide a copy of your most current academic transcript (unofficial copies are acceptable).
3. Please attach one professional letter of recommendation from someone other than a family member or personal friend.

PART D: ACKNOWLEDGEMENT

**By signing below, I acknowledge that:**

* I have completed the application and essays on my own. Other than providing minimal information and reviewing the application, no one other than myself has completed this for me.
* To the best of my knowledge, all of the information provided in the application and in the provided materials (transcript, resume, essays, etc.) is true and correct.
* I believe that I meet all of the necessary criteria to apply to this scholarship.
* FACES for the Future-San Diego may contact my college in order to verify that the information I provided is accurate.
* If awarded the scholarship, the funds will go directly to my school for tuition and/or education-related expenses.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit application, essays, resume, transcript, and letter of recommendation to:**

Rady Children’s Hospital

c/o Alicia Wood

3020 Children’s Way MC 5073

San Diego, CA 92123-4282

**If you have questions, contact Alicia Wood (619) 980-0831**

**DEADLINE: All application materials must be received by Monday, July 1, 2019.**