



# 2019 Scholarship Application

Scholarships are meant to assist high school students who intend to pursue a career in healthcare, but are in need of financial support to attend the Summer Medical Academy. Specifically, students from local health career pathway programs\* with an un-weighted GPA of 3.0 or higher and a total family yearly income of under \$85,000 are eligible to apply. Please understand that our funds are limited, and we do not award full scholarships. Applications will be reviewed and selected by Rady Children’s staff and awards will be communicated by March 22, 2019. If awarded, scholarship funds will be credited toward program tuition costs and not given directly to the student.

**Part I: Student Information (completed by Student)**

Full Name:	(First)	(Last)
Date of Birth:		Grade:
High School:		

**Part II: Background Information (completed by Student and Parent/Guardian)**

- What amount of the full tuition (\$2,450) would you need as a scholarship award to be able to attend?  
\$ \_\_\_\_\_
- List Family Gross Annual Income from your 2017 Income Tax Form 1040 Line #22: \$ \_\_\_\_\_  
(Please attach a copy of your 2017 Income Tax Form).
- Will you be the first person in your family to attend college? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you participate in one of the SD County Health Career Pathways programs (see next page)?

**Part III: Short Answers (please complete both)**

- In 200 words or less, please describe your ideal community. What would it have/look like; who would live there; what services would be available, etc.?
- In 200 words or less, describe the medical profession you wish to pursue and where you would you like to practice. Please share the reasons why you think participating in the Rady Children’s Summer Medical Academy would support you achieving your goals.

**Part IV: Statement of Accuracy**

I hereby affirm that all the above stated information provided is true and correct to the best of my knowledge. I understand that my application is not complete without BOTH my signature and my parent/guardian’s signature. I am not signing for my parent/guardian.

Signature of Scholarship Applicant:	Date:
Signature of Parent/Guardian:	Date:

\*See below for a list of identified schools

## High Schools in SD County with Health Career Pathway Programs

### San Diego Unified School District (SDUSD)

1. Hoover High School
2. Crawford High School
3. Kearny High School
4. Clairemont High School
5. Mira Mesa High School
6. San Diego Science and Technology School
7. Serra High School
8. The Preuss School (no health career pathway program, but for underserved)

### Escondido Union High School District (EUHSD)

9. Del Lago Academy

### Sweetwater Union High School District (SUHSD)

10. Castle Park High School
11. Chula Vista High School
12. Hilltop High School
13. Mar Vista High School
14. Montgomery High School
15. San Ysidro High School
16. Southwest High School
17. Sweetwater High School

### Grossmont Union High School District (GUHSD)

18. El Cajon Valley High School
19. Mount Miguel High School
20. Monte Vista High School

### Oceanside Unified School District (OUSD)

21. Oceanside High School