



# Davis Health Academy Scholarship Application

## Important Information:

- Applications are Accepted February 1 – March 31; 5:00 p.m.
- Send completed application to Stanislaus Health Foundation, P.O. Box 302, Modesto, CA 95353 · Fax (209) 558-8320
- All applicants shall be notified of the committee's decision no later than May 14<sup>th</sup>.

## PLEASE TELL US ABOUT YOURSELF (Please print or type application completely)

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

Telephone Number \_\_\_\_\_  
Home Cell

Address: \_\_\_\_\_  
Home Address Apt. No. City Zip

Mailing address if different: \_\_\_\_\_  
(include City and Zip code)

Date of Birth: \_\_\_\_\_ High School: \_\_\_\_\_ Current G.P.A.: \_\_\_\_\_

Academic Honors Received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Extracurricular Activities/Community Involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mrs. Miller Category  A  B  C

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Mrs. Miller

Hobbies and Interests: \_\_\_\_\_

\_\_\_\_\_

Plans for Continuing your Education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

