



MJC Nursing Scholarship Application

Important Information:

- Applications are Accepted February 1 – March 31st; 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 14th.

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 Zipcode)

Date of Birth: _____ Current G.P.A.: _____

Academic Honors Received: _____

Extracurricular Activities/Community Involvement: _____

Hobbies and Interests: _____

Plans for Continuing your Education: _____

WHY ARE YOU APPLYING FOR THIS SCHOLARSHIP?

Please tell us your educational goals; use more pages if required.

I certify that all of the information I have given above is accurate to the best of my knowledge. I understand that if I am awarded a scholarship and do not attend the class(es), I must return the scholarship money to the Stanislaus Health Foundation.

Applicant Signature: _____ Date: _____

DISPOSITION OF REQUEST (completed by Scholarship Committee)

Request Approved Amount Approved \$ _____ Request Denied

Signature of Scholarship Chairperson Date: _____