Partners for Health
2017 Scholarship Candidate Application
Prerequisites and Instructions

1. Applicants must be currently enrolled as a full time student in a credit-awarding college or university and working toward a career in a health-related profession.

2. Applicants must send a completed application including two letters of recommendation from non-family members in one envelope to Partners for Health Scholarship Committee, c/o Dawn Gielau, Abrazo West Campus, 13677 W. McDowell Road, Goodyear, AZ 85395.

[NOTE: Incomplete applications will not be considered. Applications must be received by March 15, 2017. There are no exceptions to this deadline. Scholarship recipients will be notified by April 15, 2017.]

Upon receiving notice of an award, applicants must send a letter of acceptance of the award to the Scholarship Committee at above address. Letter must include verification of enrollment or class schedule as well as the name and address of the college or university to which the award will be sent. The Scholarship Committee will notify the school of the award amount which will be sent directly to the school at the end of the term after student provides the Scholarship Committee a written copy of passing grades.
### PART A – PERSONAL DATA

<table>
<thead>
<tr>
<th>Candidate’s Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>DOB (m/d/y)</th>
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<tr>
<th>Home Address</th>
<th>Last 4# of SSN</th>
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<thead>
<tr>
<th>City/State/Zip</th>
<th>Phone: home</th>
<th>cell</th>
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### PART A – SCHOOL/WORK EXPERIENCE

I am currently enrolled at the following institution:

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<th>Name of School</th>
<th>Telephone</th>
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<th>Address</th>
<th>City/State/Zip</th>
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<tr>
<th>Course of Study</th>
<th>Anticipated credits per semester</th>
<th>Current G.P.A</th>
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### PART A – SCHOOL/WORK Experience (cont.)

Other types of post high school education/ Volunteer programs:

<table>
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<tr>
<th>Classroom Hours</th>
<th>Degree/Diploma</th>
<th>Dates</th>
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PARTNERS FOR HEALTH SCHOLARSHIP * 13677 W. MCDOWELL RD * GOODYEAR, AZ 85395
PART A – SCHOOL/WORK Experience (cont.)

Work/ volunteer experience:
Name & location          Position          Phone #
____________________________________________________  ___________           ___________
____________________________________________________  ___________           ___________
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PART A – FINANCIAL NEED

Please describe your current financial need and the impact a Partners for Health Scholarship will have on your plans.

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PART A - CANDIDATE’S STATEMENT

Describe your interest in health care, your involvement to date and how you have benefitted personally and/or professionally from this involvement. Include your career goals and how you plan to accomplish them.

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Signature _____________________________ Date _____________________________
PART B - TO BE COMPLETED BY THOSE WRITING LETTERS OF RECOMMENDATION. Please include in your letter your knowledge of applicant’s commitment to study, work ethic, maturity, sensitivity, leadership, communication skills, initiative, intellectual ability and other personal qualities you would like to commend.

Applicant’s Last Name ___________________________ First Name ___________________ MI ___________________

How long have you known applicant?________________

What is your relationship to the applicant?  _________________________________________

Describe briefly why you think this applicant should receive a scholarship.

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Print Name ___________________________ Position ___________________________ Phone # ___________________________

________________________________________  __________________________

Signature  Date