

YRMC Auxiliary and Foundation HEALTHCARE Scholarships

Application must be received by March 10, 2010 – 5 PM

Please **type or print clearly** and mail to Foundation of YRMC, 2400 Avenue A, Yuma, AZ 85364 or drop off at YRMC Corporate Center at 399 W. 32nd Street. Call 336-7045 with questions

Complete every area on the form—indicate NA if does not apply to you.

Part 1. Personal Data

NAME _____

(Please print)

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone Number () _____ Alternate Number () _____

Employer _____ Income _____

Present Position _____

Marital Status _____ Spouse Name _____

Spouse Employer _____ Income _____

If you are **dependent** on your family for financial support, please fill out this section.

Father's Name _____ Occupation _____

Where Employed _____ How many years _____

Mother's Name _____ Occupation _____

Where Employed _____ How many years _____

Names and ages of other non-self-supporting members of your family:

Are you or a family member working at YRMC? ___ Yes ___ No Name _____

In which bracket does your family income fall?

___ Up to \$20,000

___ Up to \$30,000

___ Up to \$40,000

___ Up to \$50,000

___ Up to \$60,000

___ Over \$60,000

Special Circumstances/problems that effect family finances:

Part II. Educational Information

List educational experience to date:

Name of High school/college	Dates Attended	Graduate	GPA	Recent High School Graduate Class Ranking
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Include a BRIEF resume of high school /college/community activities. Points of interest include volunteer/community work, clubs, athletics, awards and honors earned.

What school are you currently attending? _____

_____ Full time (12 or more credits) _____ Part time Current Cumulative Grade Point Average _____

Part III. Career Goals

What educational institutions do you plan to attend?

What is your major field of study? _____

Have you been accepted for enrollment? _____ (Include letter of acceptance)

Number of credit hours each semester Fall _____ Spring _____ Summer _____

Career Goals _____

_____ Expected date of graduation _____

Part IV. Essay

Write a brief personal essay of no more than 300 words covering the following topics:

- Major in the healthcare field of study and why
- Educational plans, career goals, and what led you to these goals?
- A description of your strengths, character, and personality.
- How do you plan to finance your education?

Part V. References

Include 2 letters (1 personal/community; 1 academic/professional). The letters should be from persons other than relatives who have known you for 3 years or more.

PLEASE NOTE: If you are a graduating senior, you must submit a copy of your high school transcripts and a letter of acceptance to the college/program you will be attending. If you are a current college student, submit a copy of your latest transcripts. If you have been accepted into a program, i.e. nursing, radiology, etc., include your acceptance letter with transcripts. The Scholarship Committee may schedule an interview.

Do not include pictures, binders, or folders. Use white paper, black ink, a standard 12pt font.

Submit documents in the following order: Application, transcripts, acceptance letter, resume of activities, essay, and two letters of reference.