

Bashford Family Health Care Scholarship

Instructions and Application

Deliver or Mail to:

**Idyllwild Community Presbyterian Church
Bashford Family Health Care Scholarship
P. O. Box 537
Idyllwild, CA 92549**

In addition to the attached packet, please enclose:

- 1. Photo of yourself**
- 2. 2 Letters of recommendation from references in the community, including teachers, employers, clergy, and civic leaders.**
- 3. Required essay (see attached guidelines)**
- 4. Copy of school (high school, college, and or other) transcripts**

Application Due Dates:

- 1. For Fall scholarships, please submit your application packet by April 10.**
- 2. For Spring scholarships, please submit your application packet by October 10.**

BASHFORD FAMILY HEALTH CARE SCHOLARSHIP APPLICATION

[Place Photo Here]

[Your name]

[Specify **Spring** or **Fall** Scholarship Application]

APPLICANT INFORMATION
(Please type or print legibly in black ink)

1. **APPLICANT NAME:** _____
Address: _____
Telephone: (Cell) _____ **(Home):** _____

2. **SCHOOL PLANS:**
Name of 1st choice school: _____
Name of 2nd choice school: _____
Major/Field of Interest: _____

3. **PARENT / GUARDIAN INFORMATION IF UNDER 18 YEARS OF AGE:**
Father's (or Guardian's) name: _____
Occupation: _____
Employer: _____

Mother's (or Guardian's) name: _____
Occupation: _____
Employer: _____

4. **YOU OR YOUR FAMILY'S ADJUSTED GROSS INCOME (or estimate) FOR PREVIOUS TAX YEAR:**
**\$ _____

****If you choose not to provide this information, the scholarship committee will not be able to consider the applicant for scholarships that are need based.**

5. **NUMBER OF FAMILY MEMBERS DEPENDENT ON INCOME SPECIFIED IN ITEM #4:** _____

6. **FAMILY MEMBERS IN POST-HIGH SCHOOL COLLEGE OR OTHER SCHOOLS:**

OTHER FAMILY MEMBERS IN POST-HIGH SCHOOL INSTITUTIONS (LIST NAMES):	YEAR IN SCHOOL	POST-HIGH SCHOOL INSTITUTIONS ATTENDING

7. ARE THERE ANY EXTRAORDINARY EXPENSES SUCH AS MEDICAL, DENTAL, CHILD SUPPORT, OR ANY OTHER CIRCUMSTANCES THAT WOULD CLARIFY YOUR NEED OR ELIGIBILITY FOR FINANCIAL SUPPORT. IF YES, PLEASE EXPLAIN:

ACCOMPLISHMENTS

8. WORK EXPERIENCE:
List employment experiences you have had.

	EMPLOYER	DATE RANGE	TYPE OF WORK / POSITION
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

9. EDUCATION:
List educational institutions you have attended beginning with High School or GED.

	EDUCATION INSTITUTION	DATES ATTENDED	OVERALL GPA	MAJOR SUBJECT / DEGREE AWARDED IF ANY
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

10. LEADERSHIP EXPERIENCES:
Officer, Chairperson, Leader, etc.

CLUB / ORGANIZATION	DATE RANGE	POSITIONS HELD
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

11. COMMUNITY ACTIVITIES:
List community activities in which you have participated and note any major accomplishments in each.

COMMUNITY ACTIVITY	DATE RANGE	MAJOR ACCOMPLISHMENT
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

12. AWARDS / HONORS RECEIVED:

AWARD SPONSOR	DATE RECEIVED	TYPE OF AWARD
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

13. SPORTS / ARTISTIC ACTIVITY EXPERIENCE:

List any sports and / or artistic activities you have participated in.

SPORT OR ARTISTIC ACTIVITY	DATE RANGE	LEVEL (E.G. VARSITY) OR DESCRIPTION
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

14. ESSAY:

TO COMPLETE YOUR SCHOLARSHIP APPLICATION, WRITE A COMPOSITION (MAXIMUM 2 PAGES, TYPED, WITH READABLE SPACING AND 12 POINT FONT SIZE).

- Please detail your background, career goals, and educational plans for a career in a medical or health science field.
- This essay should provide readers with good insight into your interests, personality, aspirations for the future, and the many reasons why you would be a worthy candidate for financial assistance.
- Your audience is a group of businessmen / women, professionals and service club members.
- Be sure that your essay is free of typographical, spelling and punctuation mistakes; it should be grammatically correct and representative of your best writing skills.
- It is a good idea to have an educated, unbiased person proofread and critique your essay before you submit it.