

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**

Note:

If you have previously submitted this packet **AND** received subsequent Bashford scholarship aid, please go to the last page to find an application for continued aid.

BASHFORD FAMILY HEALTH CARE SCHOLARSHIP APPLICATION

[Place Photo Here]

[Your name]

[Specify Year and quarter/semester/section of Scholarship Application]

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

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

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. **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

5. **ARE THERE ANY EXTRAORDINARY EXPENSES SUCH AS MEDICAL, DENTAL, CHILD SUPPORT, OR ANY OTHER CIRCUMSTANCES THAT YOU WOULD LIKE TO BE CONSIDERED. IF YES, PLEASE EXPLAIN:**

6. PLEASE ITEMIZE A LIST OF OUT OF POCKET EXPENSES FOR THIS ACADEMIC PERIOD:

Tuition: _____ Books: _____
 Lab fees: _____ Housing: _____
 Meals: _____ Public transportation: _____
 Other(name): _____ Other(name): _____

TOTAL FOR ACADEMIC PERIOD: _____

7. ANTICIPATED FINANCIAL AID FOR ACADEMIC PERIOD:

Grants: _____ Other Scholarships: _____

Anticipated student loans (assuming NO financial aid): _____

Any additional information you would like considered:

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.		
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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 in which you have participated.

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.
- Applicant is strongly encouraged to prepare the essay without personal or technical assistance. How you express your dreams and goals are important to this process.

APPLICANT: _____

USE THIS APPLICATION OF CONTINUING BASHFORD SCHOLARSHIP AID

Forward this completed form to: Bashford Family Healthcare Scholarship
Idyllwild Community Presbyterian Church
PO Box 537
Idyllwild, CA 92546
Attn: Jim Krug

...or email a copy to Jim Krug at: mountainmates@gmail.com

NAME: _____

CURRENT MAILING ADDRESS: _____

EMAIL ADDRESS: _____

CELL PHONE: _____ **LANDLINE:** _____

EDUCATIONAL INSTITUTION: _____

COURSE MAJOR & DEGREE BEING SOUGHT: _____

ACADEMIC PERIOD AND YEAR: _____

ITEMIZED OUT OF POCKET EXPENSES(for academic period):

Tuition:

Books:

Lab fees:

Certificates:

Housing:

Utilities:

Food:

Public Transportation:

Other(name):

Other(name):

TOTAL EXPENSES(\$): _____