



Gene & Marilyn Nuziard Healthcare Scholarship and Loan Application

GENERAL INFORMATION

Last Name		First Name		Middle Name	
Address				Apt. #	
City		State		Zip	
Sex (M) Male / (F) Female					
Home Phone		Work Phone		E-Mail Address	
Date of Birth:		Age:		Social Security #:	
Citizenship:					
US Citizen					
Permanent Resident		#			
Alien Registration Number					

SCHOLARSHIP APPLICANTS

School, program and degree / certification: _____

Have you been formally accepted? _____ Program start date: _____ Length of program: _____

If not accepted, when do you expect to be notified? _____ For academic year / program start date: _____

If currently enrolled in the program, how many semesters / months remaining to completion? _____

Are you attending full time (12 units or more per semester)? _____ If part time, how many units? _____

Estimated annual tuition, fees and books: \$ _____ Scholarship Requested: \$ _____

Have you been awarded any other scholarship or grant for the academic year for which you are applying? _____

If yes, what is the amount of the award? \$ _____ What will the award fund? _____

Your annual income: \$ _____ Number of family members living in your household? _____

Parents Annual Income (if you are a dependent): \$ _____ Number of family in your household? _____

CAREER OBJECTIVE

Medical Assistant _____ Medical Technician _____ Dental Assistant _____ Dental Technician _____

LVN _____ RN _____ RNP _____ PA _____

Dentist _____ Physician _____ If so, what specialty? _____

Other Post Graduate Healthcare Provider (specify): _____

LOAN REPAYMENT APPLICANTS

Employer: _____ Position: _____ Tel: _____ Fax: _____

Address _____ City _____ State _____ Zip _____

Full time: _____ Part time: _____ Number of hours per week: _____ Hire Date: _____

Lender: _____ \$ _____ \$ _____ Yes _____ No _____

Name _____ Current Loan Balance _____ Monthly Payment _____ Past Due? _____

EDUCATION

Highest level of education completed: List name of school, major and year graduated.

High School Diploma _____

Associate's Degree _____

Bachelor's Degree _____

Master's Degree _____

PhD _____

MD _____

DDS _____

Other _____

License # (if applicable) _____

If diploma or degree was conferred to you under a different name, please state the name to which it was conferred:

Please list languages where you are proficient, including level of written and verbal fluency: _____

OTHER

Have you ever been convicted of a felony or misdemeanor? No _____ Yes (Please explain) _____

Have you ever been convicted of possessing or selling illegal drugs? No _____ Yes (Please explain) _____

Extra Curricular Activities, Achievements, Awards: (List only activities within the past 2 years.) _____

Employment / Volunteer History (Past three years)

Name: _____ Position: _____ From: _____ To: _____

Name: _____ Position: _____ From: _____ To: _____

Name: _____ Position: _____ From: _____ To: _____

Certification:

I certify that I have provided complete and accurate responses to the items on this application. I further certify all documents submitted to support this application are authentic and unaltered records that pertain to me. I certify that I will use scholarship funds for educationally related expenses. If approved for the loan repayment program, I agree to notify QueensCare and / or its designee within 10 days if my current employment is terminated or my status changes from full time. My signature certifies the accuracy and completeness of the information provided. I understand that any misrepresentation may be cause for denial or cancellation of awards offered or granted. I also understand that all scholarships or loans given to me must be claimed within one year of being awarded.

Signature: _____ Date: _____