



# QUEENSCARE

## John Joseph Brandlin Memorial Scholarship Fund Application

### GENERAL INFORMATION

Last Name		First Name		Middle Name	
Address				Apt. #	
City		State		Zip	
Home Phone		Work Phone		Sex (M) Male / (F) Female	
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 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: \_\_\_\_\_