GEORGE BISCHALANEY
EDEN MEDICAL CENTER AUXILIARY SCHOLARSHIP APPLICATION

Deadline: ___ May 31st 2017 _________________________

Eligible students must reside in Castro Valley, Hayward, San Leandro, San Lorenzo, Cherry Land or Ashland districts and be enrolled and accepted in a health science program.

Mail Application, including transcripts and letters of recommendation to:

Eden Medical Center Auxiliary Scholarship Committee
20103 Lake Chabot Road
Castro Valley, California 94546
EDEN MEDICAL CENTER AUXILIARY SCHOLARSHIP APPLICATION

Note: You must be a resident of Castro Valley, Hayward, San Leandro, San Lorenzo, Cherry Land or Ashland districts to be eligible to receive this grant. All information will be regarded as confidential and will be available only to the Scholarship Committee.

Name: ____________________________________________________________

Address: ________________________________________________________

Home phone: ___________________________ Cell phone: __________________

Present School: ___________________________ Counselor: __________________

Please submit a transcript of your High School / College records; including your G.P.A

Name and address of college you will attend in the Fall in a health sciences program.

College Name: ______________________________________________________

College Address: ____________________________________________________

Student Id Number: ___________________________ Last 4 numbers of your SSN: ________

Estimate cost of your next year of college: Tuition: $____________________

Books: $____________________

Other: $____________________

TOTAL: $____________________

High School Extra Curricular Activity Summary (Major activities, offices, etc.):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Community Activities (Church, volunteer, etc.):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Honors and Awards:


PERSONAL STATEMENT
Please write a short essay stating why you feel you are qualified to receive this scholarship. Include a personal statement as to why you have chosen to become a ________________.

PERSONAL INFORMATION
Is Applicant Presently Employed? __________ Income: __________________________

LETTER OF RECOMMENDATION
Please attach 3 letters of recommendation.

1. Name: __________________________ Phone: ______________
   Address: __________________________________________

2. Name: __________________________ Phone: ______________
   Address: __________________________________________

3. Name: __________________________ Phone: ______________
   Address: __________________________________________

To the best of your knowledge, all information is complete and accurate:

________________________________________ Date: ______________

Signature of Student

________________________________________ Date: ______________

Signature of Parent Guardian (If Student is a minor)