GEORGE BISCHALANEY

EDEN MEDICAL CENTER AUXILIARY SCHOLARSHIP APPLICATION

Deadline: __________ May 31, 2015 __________

Eligible students must reside in Castro Valley, Hayward, San Leandro, San Lorenzo, Cherryland or Ashland 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, Cherryland or Ashland 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: ______________________________________________________________

Present School: ____________________________Counselor:____________________

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

Name and address of college where you have been accepted as a student in a health sciences program:

______________________________________________________________________

______________________________________________________________________

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:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________
Please write a short essay stating why you feel you are qualified to receive this scholarship. Include a statement as to why you have chosen to become a __________________ including three letters of recommendation.

PERSONAL INFORMATION
Social Security Number: ______________ Student I.D. Number____________
Is Applicant Presently Employed? __________ Income: ______________________

LETTER 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 Guarding (If Student is a minor)