

College Success for Healthcare Scholarship Application

Submit a completed application to CSFH Program Office in NAH Room 411

APPLICATION DEADLINE: Monday, March 28, 2022 5:00 pm

Is this your first time to apply for a scholarship? Yes No

Have you ever received another scholarship? Yes No

Last Name: _____ STC ID: A_____

First Name: _____ MI_____

Address: _____ City, ST, Zip: _____

Mailing address: (if different) _____ Zip: _____

Email address: _____ Phone #: _____

Did you take the College Success for Healthcare Class: Yes No Which term? _____

Program of Study: (Program you are currently completing)

VN	ADN	RADT	EMT	PTA	OTA	RESP	PHARM	DMS	HMAS	MAT

Student Status in the selected program: Which semester are you **currently** completing?

Just accepted	1 st semester	2 nd semester	3 rd semester	4 th semester

Are you passing all of your classes? Yes No

What is your cumulative GPA? _____ Expected Graduation Date: _____

Provide a copy of your most current transcript. (Unofficial accepted)

On a separate sheet of paper, explain how you would benefit from this scholarship. Please start off by giving a brief introduction of yourself and then your educational and career goal

Student Signature: _____ Date: _____

Don't forget to DATE and SIGN the APPLICATION

Statement of Equal Opportunity No person shall be excluded from participation in denied the benefits of or be subject to discrimination under any program or activity sponsored or conducted by South Texas Community College on the basis of race, color, national origin, religion, sex, age, veteran status, or disability.