

College Success for Healthcare Scholarship Application

Submit a completed application to CSFH Program Chair Office in NAH Room 431.

APPLICATION DEADLINE: **Friday, November 9, 2018 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) _____ City, ST, Zip: _____

Email address: _____

Phone #: _____ Other phone #: _____

Program of Study: VN ADN RADT EMT PTA OTA PHARM RESP PTCA HMAS MAT DMS

Student Status: First Year Second Year

Expected Graduation Date: _____

Are you passing all of your classes? Yes No

What is your cumulative GPA? _____ 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 goals.

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.