



SCHOLARSHIPS 2024

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|---------------------|
| Name: |
| School: |
| Scholarship amount: |
| GPA: |

25 SCHOLARSHIPS AVAILABLE

| School: | Amount | GPA | Select ONE |
|--|------------|-----------------|------------|
| Calexico High School (10) | \$2,000.00 | 3.0 and above | |
| Calexico High School (5) | \$800.00 | 2.7 – 2.8 – 2.9 | |
| I.V.C (5) Imperial Valley College | \$2,000.00 | 3.0 and above | |
| SDSU – IV Campus (5) San Diego State University | \$2,000.00 | 3.0 and above | |

Scholarships are available for students residents of Calexico that have financial assistance need and intend to pursue a career or course of study at either institute. College or University in a healthcare related field of study. (i.e., Pre-Medicine, Nursing, Radiology Technician, Respiratory Certified Practitioner, Public Health, Physical Therapy).

Deadline: May 8, 2024 at 5:00 p.m.

HEFFERNAN MEMORIAL HEALTHCARE DISTRICT

601 Heber Avenue, Calexico California 92231

www.heffernanmemorial.org

E-mail: information@heffernanmemorial.org

HEFFERNAN MEMORIAL HEALTHCARE DISTRICT SCHOLARSHIP APPLICATION 2024 FOR CALEXICO RESIDENTS

Please complete the application in its entirety.
Incomplete applications will not be considered for scholarship awards.

| | |
|----|---|
| 1 | Last Name: |
| 2 | First Name: |
| 3 | Mailing Address: Street: _____ City: _____ State: _____ Zip: _____ |
| 4 | Telephone Number: |
| 5 | E-mail: |
| 6 | Date of Birth: Month: _____ Day: _____ Year: _____ |
| 7 | Current High School: _____ Number of years Current College: _____ Attended: _____ |
| 8 | I will be attending the following school in the Summer 2024 or fall 2024 |
| 9 | I will be entering the above-mentioned school as a: (Circle one) Freshman Sophomore Junior Senior Other: |
| 10 | Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA. Your most recent official school transcript required |
| 11 | ACT Score: _____ or SAT Score: _____ A copy of your ACT or SAT score sheet on official high school transcript is required. |

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| 12 | <p>Name & Address of parent(s) or legal guardian(s): Use reverse side of application if you need more space.</p> <p>Name (s) _____</p> <p>Street: _____</p> <p>City: _____ State: _____ ZIP: _____</p> <p>Telephone number: _____</p> <p>Family: Brothers: _____ Sisters: _____</p> <p>Other family members residing in home: _____</p> |
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|----------|--|
| 13 | <p>Name and city of high school attended: _____</p> <p>Number of years attended: _____</p> |
| 14 | <p>If decided. What specialty major and/or minor do you plan to study as you continue your education?</p> |
| 15 | <p>List expenses you expect to incur per semester or quarter. (Approximate figures acceptable)</p> |
| <i>A</i> | <p>A: Tuition Amount: \$</p> |
| <i>B</i> | <p>Books: Amount: \$</p> |
| <i>C</i> | <p>Room & Board: Amount: \$</p> |
| <i>D</i> | <p>Other expenses: _____ Describe below under comments Amount: \$</p> |
| 16 | <p>List other financial assistance you will receive per semester or quarter:</p> |
| <i>A</i> | <p>Personal: _____ Amount: \$</p> |
| <i>B</i> | <p>Other Scholarship(s): _____ Amount: \$ Describe below under comments</p> |
| <i>C</i> | <p>Student Loan(s): _____ Amount: \$</p> |

**HEFFERNAN MEMORIAL HEALTHCARE DISTRICT
SCHOLARSHIP APPLICATION 2024**

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|----------|---|
| <i>D</i> | Grants: _____ Amount: \$ _____ Have you applied for the Pell Grant? YES _____ NO _____ |
| <i>E</i> | Other Financial Resources: _____ Amount: \$ _____ |
| | Comments: _____ _____ |

Use an additional sheet if you need more room to list financial information, educational goals, and academic honors and community service activities as requested in items 17, 18, 19, 20 and 21.

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| 17 | What are your educational and professional goals and objectives? |
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| 18 | List your academic honors, awards and membership activities while in high school or college: |
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|-----------|---|
| 19 | List your community service activities, hobbies, outside interests and extracurricular activities: |
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HEFFERNAN MEMORIAL HEALTHCARE DISTRICT SCHOLARSHIP APPLICATION 2024

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|----|---|
| 20 | <p>A The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.</p> <p>B Your application will be returned to you if these items are not attached to this application. (No exceptions.)</p> <p>C Circle "YES" or "NO" to be sure you have attached each item as required.</p> |
|----|---|

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|-----|----|---|
| YES | NO | Two (2) letters of reference. Return these completed forms in a sealed envelope from your teacher or professors. |
| YES | NO | Proof of college acceptance or current student enrollment. A letter of college acceptance or program acceptance is required for receipts of funds. |
| YES | NO | Most recent <u>official</u> high school transcript. Photocopies of your transcript are <u>NOT ACCEPTABLE</u> . |
| YES | NO | Personal Essay. Please answer the questions. "Why you have chosen a career in the healthcare field?" |

STATEMENT OF ACCURACY

I hereby affirm that all above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote Heffernan Memorial Healthcare District scholarship program.

I hereby understand that if chosen as a scholarship winner, according to the Heffernan Memorial Healthcare District Scholarship, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Name of scholarship applicant: _____

Signature of applicant: _____ Date: _____

Remember: The deadline for this application to be received is WEDNESDAY, MAY 8th, 2024 at 5:00 p.m. (No exceptions)

