

# Alvarez Family Scholarship for Health Care Careers Application

Pickaway County Community Foundation



\*=Required

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## Applicant Information

\*First Name

M. Initial

\* Last Name

\*Permanent Address

City

State

Zip Code

\*Primary Phone Number

Secondary Phone Number

\*Student Email Address

\*Date of Birth (Month, Day, Year)

## Parent/Legal Guardian Information

First and Last Name

Phone Number

Email Address

## Guidance Counselor Information

First and Last Name

Phone Number

Email Address



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## High School Academic Information

Senior

\*Graduating High School

\*Expected Graduation Date

\*GPA

Class Rank

Did you participate in a specialized area of study in high school?

Yes  No

Did you take the ACT, SAT or both?

ACT  SAT

ACT Composite Score

Most recent year you took the ACT

SAT Composite Score

Most recent year you took the SAT

**\*Please attach your official high school transcript to the end of this application.**

## College/University Plans

Will you be enrolled as a full or part-time student?

Full Time  Part-Time

Do you plan to attend a college or university in Ohio?

Yes  No

\* College or University Planning to Attend

Have you been accepted into this College or University?

Yes  No

\*Intended major or field of study

Intended minor or specialization



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## Personal Achievement's

**\*Activities and Involvement (Academic organizations, extracurricular activities, athletic participation, etc.)**

*Organization	No. of Years	Role within the organization	Organization Contact Name

## Community Involvement

**\* Volunteer experience, community service etc.**

*Organization	No. of Years	Role within the organization	Organization Contact Name



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## Employment Experience

Employer	Position Held	No. of Years
Employer	Position Held	No. of Years

## Privacy Declaration

### Statement of Integrity and Authorization to Release Information

\*I certify the information in this application is complete, accurate, and true. I understand that any misrepresentation of the facts could be the cause for the revocation of scholarships. I further authorize release of the information contained in my application and the required attachments for the (Scholarship Name) of the Pickaway County Community Foundation Scholarship Applications and the subsequent review of my application by the Selection Committee.

Applicant Signature	Date
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## Notification of Change of Plans

\* I will notify the Pickaway County Community Foundation immediately, of any change in my plans to attend the school designated in my application in the semester in which I applied for (Name of Scholarship).

Applicant Signature	Date
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## Personal Information and Photo Authorization

\* By signing, I understand and authorize, the use of the information provided in this application and my photo, (or my child's photo) that may be used by PCCF to publicize the scholarship program in the media or other printed materials.

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\*Applicant's Printed Name

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\*Parent/Legal Guardian Signature or Applicant Signature (If applicant is 18 years or older.)

\*Date

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## Additional Attachments

Two Letters of Recommendation     Resume     Student Aid Report from FAFSA

