



**FOOTHILL-DE ANZA
Community College District**

Steven & Lola Kaider Health Care Scholarship Program

FOR

Health Care Careers **2007-2008**

Print Name: _____

Last

First

Print Street

City

State

ZIP

Soc. Sec. # _____

Health Care Program Title: _____

Date: _____

Place an X if Male _____ Female _____

SCHOLARSHIP APPLICATION

Information given on this application will be used to consider you for the Steve & Lola Kaider Health Care Scholarship Program. For a scholarship, both the content and the manner of presentation will be considered. **Please complete the entire application. Failure to complete all sections of this form will jeopardize the status of your application.** Include all required documents as stated on the checklist. Applications should be **typed** or **printed** in ink.

Please list the name and year of all prior scholarship(s) you have received. Include Kaider Scholarships: _____

I. PERSONAL INFORMATION

Home Phone _____ Veteran? _____ Foreign Student? _____
If foreign student, please give the name and address of your sponsor: _____

Do You: Own a Home? _____ Rent? _____ Live with Family? _____ Live with a Friend? _____ Marital
Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____
Number of Dependents: _____ Ages _____ Spouse's Name: _____
Spouse's Occupation _____ Employer _____
Is spouse a student? _____ # of units _____ Where _____
Occupation: Father _____ Mother _____

II. CRITERIA FOR ELIGIBILITY

You must clearly demonstrate this requirement in your narrative and by submitting transcripts. Applicants must meet at least one of the following definitions of "reentry". Please check those that apply to you:

A. _____ I did not attend college after completing high school for a period of one academic year or more. This was due to work, family or personal circumstances. I am currently enrolled in one of the approved health care professions. Specify the period of time your college career was interrupted.
Began _____ to _____
month & year I left school month & year I began attending college

B. _____ I attended college after high school but had to stop for a period of one academic year or more. This was due to work, family or personal circumstances. I am currently enrolled in one of the approved health care professions. Specify the period of time your college career was interrupted.
Began _____ to _____
month & year I left college month & year I returned to college

C. _____ I am trained as a health care professional but, due to an adverse employment situation caused by changing job markets, I must retrain. My current health care profession is _____
_____.

III. PERSONAL STATEMENT

Submit a 1-2 page typed personal statement that:

- (a) clearly explains the specifics leading to your break in education as checked under the *Criteria for Eligibility*.
- (b) describe the main financial and personal obstacles leading to academic success.
- (c) comments on organizations, volunteerism, community activities in which you have participated including when and the length of time involved with such activities.
- (d) how will you balance your current and future activities regarding school/work/personal demands while enrolled? -you may wish to include past examples
- (e) will include any unique qualifications or strengths in personality or character as well as any special qualities that may set you apart from other candidates

