



Rady Children's Hospital-San Diego
 Summer Medical Academy
 2015 Scholarship Program

Guidelines

Scholarship Program Guidelines & Priorities:

- * Seeking highly motivated students who are interested in a career in medicine, nursing or pharmacy. Eligible students will be 15-19 years old by July 2016.
- * Applicants must have a minimum GPA of 3.0, a total family annual income under \$85,000, and plan to attend a 2 or 4 year college or technical school.
- * Scholarship funds will be credited toward program tuition costs and not given directly to the student.
- * Applicants must have the endorsement of their Guidance Counselor on their application attesting they are a qualified fit for this scholarship program. Application deadline is a postmark of **February 29**. Late applications are not accepted.

Mail one copy of a completed application package to:

Rady Children's Hospital
 Summer Medical Academy
 3020 Children's Way MC 5073
 San Diego, CA 92123-4282

The applications will be reviewed and recipients selected by a committee comprised of Rady Children's medical staff and volunteers. Scholarships will be awarded in March 2016. Payment of any additional tuition owed will be due no later than May 1, 2016.

For questions, please contact us at 858-966-7748 or rchsummermedicalacademy@rchsd.org.

SCHOLARSHIP APPLICATION 2016

Sections 1 thru 7, & Essays, to be completed by Student. Please type or print your answers.						
1.	Last Name:			First Name:		
2.	Mailing Address					
	Street:					
	City:		State:		Zip:	
3.	Daytime Telephone Number: ()					
	Email Address:					
4.	Date of Birth:	Month	Day	Year	Gender:	Current Grade:

5.	Will you be the first person in your family to go to college: YES ___ NO ___
6.	Name and location of High School attending:
7.	<p>(Use a separate piece of paper if needed)</p> <p>A. List any academic honors, awards and membership activities while in high school:</p> <p>B. List your hobbies, outside interests, extracurricular activities and school related volunteer activities:</p> <p>C. List your non-school sponsored volunteer activities in the community:</p>

On a separate sheet, please write an essay (300 - 500 words) answering one of the questions below:

Describe how volunteer or community service has shaped who you are today and what community service has taught you to overcome in life, and how this will help you succeed in college and a career in the medical field.

Tell us about a personal quality, talent, accomplishment, contribution or experience that is important to you. What about you are and hope to be?

Sections 8 thru 11 to be completed by Parent or Legal Guardian. Please type or print your answers.

8.	List Family Gross Annual Income from your 2014 Income Tax Form 1040 Line #22: \$ _____ <i>(If selected, recipients may be asked to verify annual household income is under \$85,000 by supplying pg. 1 of their 2014 IRS Tax Form)</i>
9.	Are you as <u>parent or legal guardian</u> an employee of Rady Children's Hospital? Yes _____ No _____ If your answer is 'yes' please complete 11 A & B below. If your answer is 'no', go to item 12.)
10.	<p>A. Full Name:</p> <p>B. Department Name & Position:</p>
11.	<p>Name & address of parent(s) or legal guardian(s): (Include address if different than address listed in Question 2.)</p> <p>Name(s) : _____ Street: _____ City: _____ State: _____ Zip: _____ Home phone of parents or legal guardians: _____ Work phone: _____</p>

STATEMENT OF ACCURACY FOR STUDENTS

I hereby affirm that all the above stated information provided is true and correct to the best of my knowledge. I also consent that if chosen as a scholarship winner, my/my child's picture may be taken and used to promote the Summer Medical Academy and scholarship program. (Winner may waive photo due to unusual or compelling circumstances.)

I hereby understand I will not submit this application without all required attachments and supporting information. Incomplete applications or applications that do not meet eligibility criteria will not be considered for this scholarship.

Signature of scholarship applicant: _____ **Date:** _____

Signature of Parent or Guardian: _____ **Date:** _____

This Section to be completed by SCHOOL COUNSELOR

I hereby affirm that this application meets the academic criteria set forth by this scholarship program and that I support this application to Rady Children's Hospital Summer Medical Academy.

Name of School Counselor supporting this application: _____

High School: _____

Contact information (email and phone): _____

Signature of School Counselor: _____ **Date:** _____

Scholarship Checklist

- ___ Application
- ___ Essay
- ___ Achievement/Activity Sheet (if needed)
- ___ School Counselor signature

MAIL COMPLETE APPLICATION PACKAGE TO RADY CHILDREN'S AT:

**Rady Children's Hospital Summer Medical Academy
3020 Children's Way MC 5073
San Diego, CA 92123-4282**

REMINDER:

**The deadline for this application to be postmarked is:
February 29, 2016 NO EXCEPTIONS!**