



IDAHO COMMUNITY FOUNDATION

Caldwell Health Services Scholarship Fund

Deadline: March 15th

<u>Who Can Apply?</u>	<u>Required Application Materials</u>
<ul style="list-style-type: none"> • Students who have been accepted for admission or are currently enrolled as a full-time student in a health career field at any accredited professional/technical educational school or as an undergraduate student at an accredited public or private college or university; • Scholarships primarily awarded to full-time, current residents (as listed on the FAFSA) living within 50 miles of the Caldwell West Valley Medical Center, excluding Ada County; • Some scholarships will be based solely on merit; others will be based on both merit and financial need; • Minimum 2.0 GPA; • Former recipients may reapply for additional funding using a current application form, personal statement, FAFSA, transcript, and letters of recommendation. 	<ul style="list-style-type: none"> • Copy of your most recent unofficial transcript • A written statement (1-3 pages in length) describing the following: <ul style="list-style-type: none"> ○ Educational, career goals and objectives; ○ Extra-curricular activities, volunteerism, awards, honors, and/or offices held; ○ Work experience and if you plan to work while attending college; ○ Why you should be selected for this scholarship; • Full copy of FAFSA Report; • ACT and/or SAT Scores; • Two current letters of recommendation.

Application Instructions:

- Complete this application and attach the *Required Application Materials* listed above.
- **Combine ALL materials into a single PDF attachment.** Google docs will not be accepted.
- Email completed PDF applications to scholarships@idahocf.org *no later than 11:59pm MST on March 15th.* Late/Incomplete applications will not be considered.

APPLICANT INFORMATION

Your Name: _____

Mailing Address: _____

City/State/ZIP: _____

County of Residence: _____

Permanent Address (if different than above): _____

Personal Email: _____

Cell Phone: _____

Date of Birth: _____

SCHOOL INFORMATION

High School Name: _____

City/State: _____

High School Cumulative GPA: _____

Date of Graduation: _____

Please list the post-secondary institution you plan to attend: _____

Have you been accepted? _____

Anticipated annual cost of attendance: _____

Cumulative college GPA (if applicable): _____

What field do you plan to study? _____

If you are already in college, number of credits completed towards degree: _____

If you are already in college, anticipated date of graduation: _____

CERTIFICATION

By submitting this application (written or electronically) I consent to the gathering, use and releasing of my information by the Idaho Community Foundation as it relates to the funding of the scholarships. I understand the information is needed for the purpose of the scholarship payments and for normal business operations of the agency. This consent is valid for three years from the date signed, unless I revoke this consent, in writing, to the extent of the information already shared. I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature (Typed or Written) _____

Date _____

If selected for a scholarship, you will be notified by email.

Questions?

Email scholarships@idahocf.org or call (208) 342-3535.