

VENTURA COUNTY MEDICAL ASSOCIATION ALLIANCE

Health Career Scholarship for students from Ventura County, California

Application Form

Full name _____

Health Career _____

❖ **Enclose** copy of acceptance letter

Permanent address _____

Length of program _____

School – Name and address _____

Phone _____

Beginning date _____

Birthdate _____ Place _____

Anticipated date of graduation _____

(if applicable)

Currently living in: _____
(if different from above)

GPA _____ SAT _____ MCAT _____

❖ **Enclose** copy of most recent transcript

Estimated annual income for past full year \$ _____ (your own or parents if a dependant)
(May be subject to verification)

List personal resources, loans, grants and scholarships that you are receiving:

List major educational and living expenses:

- ❖ **Enclose** a brief typewritten autobiography. Include employment, children if any, achievements, goals and any information you feel is pertinent to your application.
- ❖ **Enclose** any small photograph of yourself.
- ❖ **Enclose** one letter of recommendation from a person who can speak to your character and motivation in your chosen health career.

School may be technical, 2 year, 4 year, or graduate. Amounts are given according to availability, and cost of program. Premedical, and prerequisite classes are not eligible. Acceptance into program is required. Dental and chiropractic programs are not eligible. Due date for 2003 consideration is June 20, 2003

Mail completed application and all enclosures to:

VCMAA
C/O 2160 Hillcrest Drive
Ventura, CA 93001

For further information: VCMA office (805) 484-6822, 601 E. Daily Dr. #129, Camarillo, CA 93010