

# Los Angeles City College Foundation

## Health Sciences Scholarship

This scholarship was established by the LACC Foundation and is intended for students in the Nursing, Radiologic Technology and Dental Technology Dept. The awards will be given based upon a combination of financial need and potential for success.

Name \_\_\_\_\_, \_\_\_\_\_ F \_\_\_\_ M \_\_\_\_  
Last First Middle

Home Tel # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Tel # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home E-mail \_\_\_\_\_ Social Security # \_\_\_\_\_

Can we contact you by E-mail? Yes / No (please circle one)

Address \_\_\_\_\_  
Number & Street City Zip Code

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth \_\_\_\_\_

### Minimum requirements:

1. Must have at least a 3.0 GPA of all units completed at LACC
2. Must be a full-time student (12 units minimum)
3. Must complete a self-profile indicating background, interest, and need for a scholarship
4. Must be a California resident

**An unofficial transcript must be attached to this application as well as two faculty references**, plus you must complete all entries and submit a color passport sized photo attached to a one page typed self-profile (approximately 500 words) including your educational and career goals. Please also state, "My photograph may be used for reproduction" and sign.

Have you completed any courses at other colleges or universities? If yes, please list the information requested or submit a transcript for each college or university attended.

Name of College or University	Date Attended	Date of Graduation
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High School from which you graduated _____	Name and Location	Date
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What is your present major? \_\_\_\_\_

Do you plan to transfer to a University? \_\_\_\_\_  
Name and Location

Have you received any other scholarships \_\_\_\_\_  
If yes, Give Details

School and/or community activities you are or have recently been involved in (if any)

Location	Activity	Dates
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If you are currently employed, please indicate the name and address of your employer:

Employer	Address and City	Tel #
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Type of Work	Hours Per Week
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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit this application to the LACC Foundation in Bungalow B-3 on or before March 26.**

You will be notified by mail **only** if you have been awarded a scholarship. Thank you for applying and best wishes.