

# JACK SJOLIN HEALTH PROFESSIONALS SCHOLARSHIP

AWARD AMOUNT: \$1,000

DEADLINE: **April 19, 2023**

## Applicant's Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number:( ) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: M F

## Academic Information:

Grade Point Average (Weighted): \_\_\_\_\_ Class Ranking or Standing: \_\_\_\_\_

SAT Score: Math \_\_\_\_\_ Critical Reading \_\_\_\_\_ Writing \_\_\_\_\_ Total \_\_\_\_\_

ACT Score: \_\_\_\_\_

College or University You Will Attend: \_\_\_\_\_

Major Course of Study You Will Pursue: \_\_\_\_\_

## Applicant's Family:

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Please list other children and dependents living at home:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Financial Data:

Annual Family Income: \$ \_\_\_\_\_ # Dependents in College \_\_\_\_\_

College expenses for year of application: Tuition \$ \_\_\_\_\_ Room/Board \$ \_\_\_\_\_

How much will your family contribute to your education? \_\_\_\_\_

Will you be applying for financial aid? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe any unusual financial circumstances: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are currently working, how many hours per week? \_\_\_\_\_

On this page list your activities. List those activities you participated in during the 10<sup>th</sup>, 11<sup>th</sup>, and 12<sup>th</sup> grades. Please separate your school and community activities as indicated by the two divisions. If you need additional space, you may attach another sheet of paper.

**COMMUNITY SERVICE:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL:** (include student body offices, class offices, clubs-memberships and any offices held, activities of specialized nature such as athletic, music, drama, speech, journalism, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOBBIES & RECREATIONAL PRFERENCES:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Qualifications for nominee to apply include:**

- Graduating high school senior
- Intent to enroll in an institution of higher learning
- Good Citizenship
- Community Service
- Applicant must have at least a 3.0 cumulative GPA
- Explain financial need (one page essay)
- Provide a copy of an unofficial transcript

Please e-mail completed application to: [Lissa.A.Cordero@ampf.com](mailto:Lissa.A.Cordero@ampf.com)  
Or mail to: Tracy Sunrise Rotary, C/O Alfred E. Ruiz  
P.O. Box 1287  
Tracy, CA 95378-1287