Dr. Jack Sjolin Health Professionals Scholarship

Dr. Jack Sjolin is a retired Tracy dentist and the Charter President of the Tracy Sunrise Rotary Club (1985-1986). The Scholarship will be awarded to a graduating Tracy Unified School District high school senior who meets the following criteria:

Qualifications for student to apply:

- Graduating **high school senior**
- Intent to enroll in an accredited institution of higher learning
- **Service Above Self:** a desire to help mankind in a health-related field
- Good Citizenship & Community Service
- Cumulative **3.0 GPA or higher**

Requirements to submit:

- Submit completed **Application**
- Provide a copy of an unofficial **transcript**
- Submit a short **one-page essay** on "How this scholarship will help you achieve your goals in a health-related career" (explain your career goal and financial need)
- Submit all requirements by **deadline: April 1, 2025**

Please e-mail all requirements to tracysunrise2025@gmail.com by the deadline **April 1, 2025**.
No late applications will be accepted.

DR. JACK SJOLIN HEALTH PROFESSIONALS SCHOLARSHIP

AWARD AMOUNT: $1,000 **DEADLINE**: **April 1, 2025**

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 10th, 11th, and 12th 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: _____

_____

_____

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_____

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.)

_____

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_____

HOBBIES & RECREATIONAL PRFERENCES:

_____

_____

_____

_____

_____

_____

Please e-mail completed application and all requirements to: tracysunrise2025@gmail.com
by April 1, 2025

OR mail, postmarked no later than April 1, 2025 to:
Tracy Sunrise Rotary
C/O Alfred E. Ruiz
P.O. Box 1287
Tracy, CA 95378-1287