

Healthcare Worker Education Initiative Scholarship

Optional:

Answering the following questions is optional. Leaving them blank will have no effect on your application.

Disability: Y N If yes, please explain: _____

Have you ever been convicted of crime? Y N If yes, was it a felony or misdemeanor

Are you of Hispanic/ Latino or Spanish Origin? Y N

Race (Check one or more):

American Indian/Alaska Native

Black/African American

Asian

Hawaiian Native/Other Pacific Islander

White

Other

Required Support Materials:

- 1.) Copy of CCDC transcript/grades **OR** high school transcript for new students
 - 2.) Essay: **Why do you want this scholarship?** (Please type answer on separate page. Limit answer to one page.)
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By signing, I agree that all of the information in this application is complete and true to the best of my knowledge. I realize that lying on this form may result in dismissal from the scholarship program.

Signature of Applicant _____ Date _____

The information submitted in the Application may be used by CCDC only for scholarship processing, communication with you about the status of your application, and grant reporting.

*Please return this application and **all** supporting materials to 801 N. Capitol Street NE, Room 328C*

Checklist:

- Completed application including essay.
- CCDC transcript or high school transcript
- Copy of Government Issued Photo ID

Incomplete applications will not be reviewed.

Due Date: 8/1/11.
