

WASHINGTON HOSPITAL MEDICAL STAFF

Scholarship Application - 2010

(Please indicate which scholarship you are applying for)

Name of Applicant: _____

Devorah Taghioff Memorial Scholarship (High School Applicants Only)

A scholarship in the amount of \$1,500 will be awarded to a resident of the Washington Township Hospital District pursuing studies in the health sciences who has distinguished himself/herself despite having to overcome significant financial or social obstacles. The scholarship is awarded in memory of Mrs. Devorah Taghioff.

Robert D. Foley, M.D., Memorial Scholarship

A scholarship in the amount of \$1,000.00 will be awarded to a resident of the Washington Township Hospital District pursuing studies in the health sciences. The scholarship is awarded in memory of Robert D. Foley, M.D.

Medical Staff Scholarship

A scholarship in the amount of \$1,500.00 will be awarded to a resident of the Washington Township Hospital District pursuing studies in the health sciences. The scholarship is awarded in honor of the members of the Washington Hospital Medical Staff.

Employee Scholarship

Two \$1,000.00 scholarships are awarded annually to Washington Hospital employees who are pursuing additional education. This scholarship is awarded in honor of members of the Medical Staff of Washington Hospital.

Nursing Scholarship

Two \$1,000.00 scholarships are awarded annually by the Medical Staff of Washington Hospital for students currently enrolled in a nursing program. One award is presented to an Ohlone College student and another to a student enrolled at San Jose State University.

I understand that these scholarships are specifically intended for students enrolled in the Ohlone College or San Jose State University Nursing Programs. ___Yes ___No

I am applying for: (check one only)

_____ Ohlone College Nursing Program Scholarship - \$1,000.00

_____ San Jose State University Nursing Program Scholarship - \$1,000.00

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All information submitted in this application is confidential. Please print or type. If you need additional space, please write on plain white 8 1/2 X 11" paper and attach to this application.

Date _____

1. Name _____ Phone _____

2. Address _____ City _____ Zip _____

3. What professional field do you plan to enter? Please check one.

- | | |
|---|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Psychiatric Social Worker |
| <input type="checkbox"/> Medical Librarian | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Medical Technologist | <input type="checkbox"/> Speech & Hearing Therapist |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> X-Ray Technologist |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Other - Specify: _____ |

4. Date of Birth _____ Birthplace _____

5. Name of Parent or Guardian (if you are a dependent) and their relationship to you

6. Address of Parent or Guardian (if you are a dependent)

7. Total Family Annual Income before taxes _____
(Please attach a copy of page 1 of your 2009 federal income tax return, OR, if you are a dependent, attach a copy of page 1 of your parents' federal income tax return.)

8. How many people share the above income including wage earner(s)? _____

9. How do you plan to finance your college education?

10. List any schools, colleges, universities to which you have applied _____

11. Have you been accepted to any? _____

16. _____
Date Signature of Applicant

17. Please submit the following (**your application will not be accepted without this information**):

- A. Completed application and income tax information.
- B. Three letters of reference, two of which are from teachers.
- C. "Official" High School or College transcript

18. Please mail or return this application in person to:

**Medical Staff Scholarship Committee
c/o Medical Staff Services
Washington Hospital
2000 Mowry Avenue
Fremont, CA 94538**

Applications must be received in the Washington Hospital Medical Staff Services Department before **2:00 p.m.** on:

MONDAY, MARCH 15, 2010

If you have any questions, please call Medical Staff Services at 791-3446.

Semi-finalists will be contacted.