



P A J A R O V A L L E Y
COMMUNITY
HEALTH TRUST

Scholarship Recipient Information

PLEASE PRINT YOUR RESPONSES AND RETURN THIS FORM TO:

Francisco Estrada, Program Associate, PVCHT, 85 Nielson St. Watsonville, CA 95076

Fax: 831-724-0877 E-Mail: festrada@pvhealthtrust.org

Name: _____

Permanent address: _____

City: _____ Zip code: _____ Phone number: _____

E-Mail Address: _____

Health Trust scholarship amount \$ _____ Year awarded: _____

School/vocational training program you plan to attend:

Academic major or training course title:

What is your career/vocational goal?

Please tell us about yourself, your family and your interest in pursuing a health career:

May we publicize this scholarship award and include your name? YES _____ NO _____