



## Community Health Trust of Pajaro Valley Scholarship Recipient Information Form

**INSTRUCTIONS:** Students must complete and return this form and the requested attachment to the school scholarship coordinator no later than **Friday, May 7, 2021** to claim this scholarship.

**First & Last Name:**

**Permanent address:**

**City:**

**Zip code:**

**Phone number:**

**E-Mail Address:**

**Health Trust scholarship amount \$**

**Year to be awarded: FY 2021-2022**

**School/vocational training program you plan to attend:**

**Academic major or training course title:**

**Please write and attach a one-page personal statement that includes the following:**

- **What is your career/vocational goal?**
- **Tell us about yourself, your family, and your interest in pursuing a health career:**

**May we publicize this scholarship award and include your name?**

**Please note:** We ask you to notify or update the Health Trust of any changes to your contact information. After the completion of your first year in college, we would like to reach out and learn how the scholarship has impacted your educational path.