

St. David's Neal Kocurek Scholarship Fund
St. David's Community Health Foundation
2009-2010

Dear Scholarship Applicant:

The St. David's Community Health Foundation has established this scholarship program to honor our late CEO, W. Neal Kocurek. Neal's leadership and collaboration skills had a profound effect in shaping the direction of the Central Texas region on many dimensions: health care, public education, higher education, social equity, transportation, and regional stewardship. A national mentor, Neal was an advisor to generations of school superintendents and educators who served Austin children. His vision strengthened health services and access for future generations of Central Texans. A native Austinite, Neal never stopped learning and contributing to the community he loved. Our scholarship program seeks students that embody Neal's leadership and commitment to community.

Following is the application form needed to apply for St. David's Neal Kocurek Scholarships for the **2009-2010** school year. The awarded scholarships will be used for tuition (up to \$4,000 per year) only. In order to be eligible, the following requirements must be met:

1. You must be a 2009 graduating senior within the ISD's of Travis, Hays or Williamson counties.
2. You have been accepted at an *accredited higher education college or university* to pursue a degree in a healthcare related discipline.
3. You must attend an accredited Texas-based college or university as a *full-time* student (12+ units/semester).
4. If asked, you must be able to attend an in-person interview the week of **April 27**.
5. You must be a United States Citizen or a legal non-citizen resident.
6. You must pass a background check. There can be no conviction for violating any federal or state laws for alcohol or drugs.

Consideration will be given in the review process to students who demonstrate financial need to pursue their higher education.

Application Requirements

In order for your application to be processed by the Scholarship Committee, it must contain the following:

1. A completed application form.
2. A completed essay described in section 7 of the application.
3. **Three** original letters of recommendation. Two recommendations should come from current teachers, counselors or school administrators on official letterhead *or* on school letterhead with the signature and title. One recommendation should come from a non-family community member (such as employer, minister, coach, etc.). **All reference letters must be received sealed, with the signature of the person providing the reference across the sealed flap of the envelope.**

4. Official scholastic transcript(s) (high school or college), including the fall semester or quarter of 2008 and current enrollment verification.
5. A copy of the first page of the 2008 Federal Income Tax Return for any person(s) (including yourself) contributing to your education.
6. Copy of Proof of United States Citizenship (birth certificate, if born in the U.S., passport or U.S. citizenship papers, if applicable) or legal non-citizen resident status. Originals will be required at interview, if scheduled.
7. A recent photograph.

Scholarships will be awarded only to applicants pursuing a healthcare profession including, but not limited to:

- Clinical Laboratory Technology
- Pre-med
- Nursing
- Occupational Therapy
- Pharmacy
- Pharmacy Technology
- Physical Therapy
- Physical Therapy Assistant
- Radiation Oncology Technology
- Radiologic Technology
- Respiratory Therapy
- Pre-dental

Application Procedure

It is ***your*** responsibility to see that the following items are received in the Foundation office: your completed application, essay, photograph, transcripts, tax form(s), letter(s) of recommendation and copy of proof of U.S. citizenship or legal residency are due no later than March 13, 2009 at 4:00 PM. **Applicants not meeting these deadlines will not be considered. There are no exceptions.**

Address: St. David's Neal Kocurek Scholarship Committee
St. David's Community Health Foundation
811 Barton Springs Road, Suite 600
Austin, Texas 78704

Telephone: 512-879-6600

Email: scholarship@sdchf.org

Interviews

Our committee will hold personal interviews with finalists the week of April 27, 2009.

Awards

If you are awarded a scholarship, you will be notified by May 11, 2009. **Scholarship funds for tuition are sent to the Financial Aid Office of your school. You must request that the Registrar or Financial Aid Office send us verification of enrollment as a full-time student in a health professional program for the fall semester or quarter. At that point, scholarship funds will be sent to the Financial Aid Office of your school.** A scholarship recipient may be awarded a scholarship for up to four (4) years, if qualified.

Dates to Remember in 2009

March 13 Your application, essay, photo, transcript(s), one copy each of the first page of the 2008 Federal Income Tax Return for any person(s) contributing to your education, three letters of recommendation, and a copy of proof of U.S. citizenship or legal residency are due in the Foundation office by 4:00 PM. **Your application will not be considered unless all documents** are in the Foundation office no later than March 13, 4:00 PM.

Week of April 27 Interviews will be held during this time. Advanced notification of the interview schedule will be sent to the applicant.

May 11 Notification of awards.

If you have any questions, please contact Scholarship Coordinator, Tina Prentice at 512.879.6215 or tina@sdchf.org. Your call will be returned as soon as possible. *Please keep this page for future reference.*

Sincerely,

St. David's Neal Kocurek Scholarship Committee
St. David's Community Health Foundation

St. David's Community Health Foundation
St. David's Neal Kocurek Scholarship Application
2009-20010

All applicants, including re-applicants must complete application.
Please print or type.

Name **Mrs. Mr. Ms** – Please Circle _____

Mailing Address _____ Telephone () _____

City / State _____ Zip _____

Permanent Address _____ Telephone () _____

City / State _____ Zip _____

Email _____

Date of Birth _____ Copy of Proof of U.S. Citizenship: _____ Birth Certificate
_____ Passport _____ U.S. citizenship papers or _____ Legal Residency

Social Security Number _____

_____ Single _____ Married _____ Divorced _____ Widowed

1. Applicant's Area of Study

- | | |
|--------------------------------------|-------------------------------------|
| _____ Clinical Laboratory Technology | _____ Physical Therapy |
| _____ Pre-med | _____ Physical Therapy Assistant |
| _____ Nursing | _____ Radiation Oncology Technology |
| _____ Occupational Therapy | _____ Radiologic Technology |
| _____ Pharmacy | _____ Respiratory Therapy |
| _____ Pharmacy Technology | _____ Other _____ |
| _____ Pre-dental | |

Note: Consideration will not be given to a student who wishes to pursue a career in a health-related field not pertaining to humans.

2. Education

List high schools and colleges, *beginning with the current or most recent.*

School	City	Dates Attended	Degree / Diploma	GPA / Class Rank

When do you expect to graduate from high school? _____

At which college or university have you been accepted for the fall of 2009? _____

3. Work Experience

Employer	Type of Work	Dates

4. Awards, Honors, Scholarships

5. Activities and Interests

6. Community Involvement

7. Essay

Write an original essay in your own words, not to exceed one type written page, that will help the committee understand you and your motivation. Your essay should answer the following two questions for the committee:

1. What is your intended career path in healthcare and why are you motivated to pursue it?
2. What are your personal traits and leadership characteristics that will allow you to complete your education and pursue a healthcare career?

8. Financial Information

Information in this section must be filled out completely or your application will be rejected. **All information will be held in strictest confidence.**

All means of financing education. Please check off and explain.

Personal _____

Grants _____

Loans _____

Scholarships _____

Parental _____

Spouse _____

Other _____

If you are personally financing your education, what is your approximate annual income? _____
Please complete the following section, if applicable.

Father / Guardian / Spouse's Name _____

Address _____

City / State _____ Zip _____

Telephone _____ Occupation _____

Employer _____ How long? _____

Annual Income _____ SSN # _____

Mother / Guardian _____

Address _____

City / State _____ Zip _____

Telephone _____ Occupation _____

Employer _____ How long? _____

Annual Income _____ SSN # _____

How many people are dependent on this income or combined incomes? _____

List the names, ages and schools of the other children in your family who are financially dependent on you or your parents.

Name	Age	School

9. Letters of Recommendation

Three letters of recommendation are required, two from current teachers, counselors, or school administrators and one from a non-family community member. Please ask those who provide references to limit his/her letter to one page. Letters should be written on official *or* school letterhead and should include the signature and title of the writer. **The letter needs to be in a sealed envelope and signed by the person making the reference across the envelopes sealed flap.** Letters should be addressed to:

**St. David's Neal Kocurek Scholarship Committee
St. David's Community Health Foundation
811 Barton Springs Road, Suite 600
Austin, Texas 78704**

Please provide all the mandatory reference information below:

1. Name _____ Occupation Title _____
Address _____
City / State / Zip _____ Telephone _____
2. Name _____ Occupation Title _____
Address _____
City / State / Zip _____ Telephone _____
3. Name _____ Occupation Title _____
Address _____
City / State / Zip _____ Telephone _____