





## 5. *Activities and Interests*

Activity/Interest	Leadership Roles	Year

## 6. *Community Involvement*

Community Activity	Leadership Roles	Year

## 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 not be considered.

Please check and explain all means of financing education.

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* \_\_\_\_\_ *Length of employment* \_\_\_\_\_

\_\_\_\_\_  
*Annual Income* \_\_\_\_\_ *Social Security Number* \_\_\_\_\_

\_\_\_\_\_  
*Mother / Guardian*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
*Telephone* \_\_\_\_\_ *Occupation* \_\_\_\_\_

\_\_\_\_\_  
*Employer* \_\_\_\_\_ *Length of employment* \_\_\_\_\_

\_\_\_\_\_  
*Annual Income* \_\_\_\_\_ *Social Security Number* \_\_\_\_\_

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

Feel free to use the space below to explain any other special circumstances that you think would be useful for the committee to consider in determining your financial need (please feel free to attach additional pages if needed).

Please include a copy of the first page of the 2009 Federal Income Tax Return for any person(s) contributing to your education.

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. NO EXCEPTIONS.** Please ask those who provide recommendations to limit his/her letter to one page and to submit the letters no later than the deadline of **March 12, 2010.** School letters should be written on official or school letterhead and all letters should include the signature and title of the writer. **The letter needs to be in a sealed envelope, and the person making the recommendation should sign across the sealed flap of the envelope.** Letters should be addressed to:

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

Please provide contact information for the three people who are writing your letters of recommendation.

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

I verify that the information within this application is correct.

\_\_\_\_\_  
Signature (When complete, please print document, then sign and date.) Date

St. David's Neal Kocurek Scholarship collaborates with other Central Texas scholarship programs in an effort to help qualified applicants get access to as many awards/scholarships as possible. Occasionally, we will see an opportunity for applicants to our program to apply for additional scholarships. When that happens, we would like to share your application information with those programs and ask them to contact you if there is a potential match. However, we will only share your information with your approval, so please indicate your preference below:

Yes, please share my application with another scholarship program if there is an appropriate opportunity.

No, I do not wish for you to share my application with any other scholarship programs.



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This application is also available online at [www.stdavidsfoundation.org](http://www.stdavidsfoundation.org).  
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