PCQHA EDUCATIONAL RENEWAL SCHOLARSHIP APPLICATION

(Application for applicants returning college students)

We look forward to receiving your scholarship application in the near future. Before you begin to complete the form, make sure you have reviewed the qualifications and requirements as set forth in the Scholarship Program Information. That information can be requested from the PCQHA office (960 Postal Way #85, Vista CA 92085) (Ph# 805-835-8817) or be obtained on-line at www.pcqha.com. The application must be received at the PCQHA Office on or before April 15th, of the year you will be entering college.

Date of Application:/_	/	•		
Name:				
	(Last)	(First)	(MI)	
Address:			SS#	
City, State, Zip:				
Phone: (Home): ()		(Work): ()		
Number of years in PCQHYA	\ :	PCQHA:!	Membership#	
Indicate education completed	: Year Gradua	ted from High School		
	Current College St	atus: Freshman / Sophomo	ore / Junior / Senior	
College you will be attending	this next semester	?		
			mester and a brief explanation as to wh	ıy you are –
to the above listed accredited	institution prior to	the scholarship being ful	QHA with proof of your continued adm filled. Failure to provide this information will void the scholarship offering.	
List estimated educational ex	penses for an acade	emic year:		
Tuition & Fees \$		Room & Board \$		
Books \$		Transportation \$		
Personal expenses \$		other expenses \$		

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In addition to the scholarship, what other sources of support do you plan to use in meeting the above expenses:
Please provide a brief description of the course work you plan to take this year:
If your Major has changed from your last submission for Scholarship Aid from PCQHYA, please describe the change below:
Personal statement: A critical part of the selection criteria will be the applicant's description of how the scholarship will assist in meeting his or her career/educational plans. Attach a separate sheet with your typewritten personal statement (approximately 300 words) describing your personal career goals, educational goals, financial need and any other comments, which would be helpful for the scholarship committee in evaluating your application. Feel free to include any supporting documents, which might be helpful in evaluating your application.
The Applicant must provide two (2) letters of recommendation from non-family members.
I attest that all the above statements are true.
Your signature

Failure to include any requested information in this Application and the Application Informational Guide will remove your name from consideration from the list of applicants. This application must be typewritten and or it will not be reviewed