PCQHA EDUCATIONAL SCHOLARSHIP APPLICATION

(Application for applicants Graduating High School and entering first year of College)

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 (935 Riverside Ave, Suite 17, Paso Robles, California. 93446) (Ph# 805-226-7509) or be obtained on-line at www.pcqha.com. The application must be received at the PCQHA Office on or before June 1, of the year you will be entering college.

Date of Application:/_		
Name:(Last)	(First)	(MI)
		_SS#
City, State, Zip:		
		(Work): ()
Number of years in PCQHYA	:PCQH	HA: Membership#
Indicate education completed:		uivalentYesNo Please <i>include transcript and copy of diploma</i>
If you are selected as a schola	rship recipient, what scho	ool will you plan to attend?
First choice		Second choice
Have you applied?	YesNo	Have you applied?YesNo
Have you been accepted?	YesNo	Have you been accepted?YesNo
accredited institution by June	Ist of the enrollment year	
List estimated educational exp	enses for an academic ye	ear:
Γuition & Fees \$	I	Room & Board \$
Books \$		Transportation \$
Personal expenses \$		other expenses \$
In addition to the scholarship,	what other sources of su	apport do you plan to use in meeting the above expenses:

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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.

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.

Your signature