SCHOLARSHIP APPLICATION
Kay Mahoney/Kaiser Permanente Scholarship for Health Sciences
Funded through the Otero Junior College Foundation

General Information

Funding for this scholarship program has been received through donations made in the memory of former OJC Nursing Instructor Kay Mahoney and through a generous donation from the Kaiser Permanente Foundation. Scholarship award amounts are dependent upon funding and may vary from year to year. Awards are for one year, contingent upon continuing to meet program requirements. Successful applicants may re-apply for funding in subsequent years provided they remain eligible and funding is still available. Award amounts may be modified if recipients fail to meet a requirement.

Requirements

1. Recipient must be accepted into a Healthcare Program at Otero Junior College prior to applying for this scholarship.

2. Applicants must have and maintain a 3.2 cumulative grade point average or higher.

3. Students should demonstrate a commitment to ongoing community service.

To Apply

Please complete the attached application and submit along with a one-page essay on one of the following topics:

1. Why are you pursuing a healthcare degree?
2. What are your healthcare career goals?
3. Tell us about a healthcare mentor/leader whom you admire and why.

Please submit completed applications to:
Otero Junior College
Financial Aid Office
1802 Colorado
La Junta, CO 81050
by 5 p.m., April 3, 2017
PLEASE PRINT OR TYPE

Name ___________________________________________ Last First Middle

Permanent address____________________________________ Street/P.O. Box

____________________________________________________ City State Zip Code

Home Phone (    )______________________ Work Phone (    )____________________

Social Security Number___________________________

EDUCATION

High School ____________________________________ Address _________________________________

Grade Point Average: High School _______ College_______ (Please provide most recent GPA)

COLLEGE PLANS

Major__________________________________________

Do you plan to transfer to a four-year college or University?

Yes___________ No__________

If Yes, where do you plan to attend_______________________________________________

EMPLOYMENT

Are you currently employed? Yes__________ No_________

List current and/or most recent work experience:

Employer and Address Dates of Employment

__________________________ ____________/____ to ____/____
VOLUNTEER/COMMUNITY SERVICE ACTIVITIES

Name any community or school organizations in which you participated. (Include vocational student organizations)

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Describe any volunteer activities in which you are involved.

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I hereby authorize the selection committee to obtain from my school or from any other source such information or dates as it may require in connection with this application.

I understand that, if awarded this scholarship, it may be withdrawn unless I maintain a satisfactory academic standing as required for this scholarship.

I certify this application is accurate.

________________________________________________________________________

(Please sign here) Date