**ACAP Scholarship Program Application**

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| **PLEASE TYPE OR CLEARLY PRINT YOUR ANSWERS.** | | | | | | |
| 1. | Name (*First, MI, Last)*: | | | | | |
| 2. | Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 3. | Telephone Number: ( ) | | 4. | | Email: | |
| 5. | Date of Birth (mm/dd/yyyy): | | | | | |
| 6. | Are you an enrollee or family member of an enrollee at CenCal Health?  I am an enrollee.  A family member, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is an enrollee.     Relationship to me: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 7. | **If you are under 18**, please provide the name and address of parent(s) or legal guardian(s):  Parent(s) or Guardian(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_    Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **EDUCATION** | | | | | | |
| 8. | High school:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Year of Graduation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I hold a GED instead of a high school diploma.  Describe any additional education you may have received below:   |  |  |  | | --- | --- | --- | | Name of Institution | Dates Attended | Year Graduation and Degree (if applicable) | |  |  |  | |  |  |  | |  |  |  | | | | | | |
| 9. | Please indicate whether you are currently enrolled in, have been accepted to, or have applied to a higher education institution. Include the name of the school.  \_\_\_\_Enrolled Name of higher education institution:­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_Accepted Name of higher education institution:­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_Applied Name of higher education institution:­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Proof of acceptance or current student enrollment from the school is** **required prior to receipt of funds.** For example, applicant will be asked to provide a copy of the letter of acceptance from the higher education institution, a transcript if currently enrolled, or similar documentation. | | | | | |
| 10. | What specialty/major are you pursuing, or plan to pursue, in your education? | | | | | |
| 11. | List and briefly describe any work experience you may have. | | | | | |
| *Position* | *Employer* | | *Dates of Employment* | | *Duties* |
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| 12. | List any academic honors or awards you have received. | | | | | |
| 13. | Briefly list community-related activities or hobbies that you have been involved in through your school, church, or other organization. | | | | | |
| **ESSAY QUESTIONS** | | | | | | |
| Please answer the following questions. **Each response should be 650 words or less**. Please submit your responses on separate paper (or in a separate document) and attach to this application.   1. How have you benefited from the medical care, services and/or supports that have been provided by *CenCal Health*? (This can be from medical care you may have received from your doctor, nurse, or other medical professional and/or any contact or experience you have had with CenCal Health? 2. How will your studies further your career in the health care and/or human/social services fields? 3. Why are you a good candidate to receive this award? | | | | | | |

### CONFIDENTIALITY WAIVER, ESSAY RELEASE AND STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

I hereby give *CenCal Health* permission to release any information provided by me in this application to the Association for Community Affiliated Plans and the ACAP Scholarship Program Selection Committee.

I hereby grant CenCal Health and the Association for Community Affiliated Plans permission to use the essay responses provided by me in this application for all purposes and in perpetuity. I waive the right to inspect or approve versions of the essay responses.

I hereby understand that if chosen as a scholarship winner, according to Association for Community Affiliated Plans Scholarship Program policy, I must provide evidence of enrollment/registration at the education institution of my choice before scholarship funds can be awarded.

I hereby understand that if chosen as a scholarship winner, according to Association for Community Affiliated Plans Scholarship Program policy, I will agree to provide a photo that ACAP can use to identify me as the winner in its announcement and any such publicity materials related to the scholarship.

Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### REMINDER

All applications must be received by ***November 11, 2020*** to be considered.