

Dickson Hee Scholarship Application

Personal Information

First Name

Last Name

Suffix

Home Address

City, State, Zip

Telephone

E-mail

Education Information

Highest Level of Education Completed *(please circle)*

Elementary School . Some High School . High School Degree . Some College . College Degree . Graduate Degree

Name of Last School Attended

City, State

Degree or Certification Received

Date of Graduation / Degree

Major or Area of Study

Language Skills *(list only those you are proficient in)*

1.

Speak Read Write

2.

Speak Read Write

3.

Speak Read Write

Employment Information

You must be a current employee of the Charles B. Wang Community Health Center and work 21 hours a week or more to be eligible to apply.

Employment Status

Full Time

Part time *(21 hours a week or more)*

Length of Employment *(must be at least 1 year)*

Title

Department

Name of Supervisor

Education and Training Goals

Training program or course that scholarship will help fund

Name of educational institution offering the training

Training dates

Will training lead to license or credential?

Type of license or credential

Amount of Your Scholarship Request

List below the amount of support requested, and the amount you will be contributing if the total exceeds \$1,000.

Item	Amount
Tuition and fees	
Books or other course materials	
Transportation	
Total Needed	
Scholarship Amount Requested (up to \$1,000)	
Applicant's contribution (if any)	

Personal Statement

Please attach a statement in which you discuss why you are applying for a Dickson Hee Scholarship. Include information about yourself, your career goals, and aspirations. Please explain how the Scholarship will be used to further your career goals. The statement should be typed, double-spaced, and should not exceed two pages.

Letter of Recommendation

One letter of recommendation is required from all applicants. Your letter may be from a former or current supervisor, teacher, co-worker or someone who is familiar with your qualifications and career goals. The letter may be attached to your application package or sent directly to the scholarship selection committee by the recommender.

Have you previously applied to the Dickson Hee Scholarship Fund?

Yes No *If yes, what year?*

Signature

Date

For questions about the program, please call Regina Lee at (212) 379-6988 or contact her by email at rlee@cbwchc.org.

The complete application should be sent or hand delivered by **March 1** to:

Dickson Hee Scholarship Selection Committee

Chinatown Health Clinic Foundation

268 Canal Street, 6th floor

New York, NY 10013