

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 | |

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 | <input type="checkbox"/> Full Time | <input type="checkbox"/> Part time (21 hours a week or more) |
| Length of Employment <i>(must be at least 1 year)</i> | | |
| 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 Rachele Ocampo at (212)379-6988 or email at rocampo@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