



Healthcare Scholarship for ESL Students Bridge Program Application

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Emergency Contact Name and Phone Number _____

Date of Birth _____ Male Female

Social Security Number _____ MVCC ID Number _____

What is your primary race/ethnicity?

- American Indian/Alaskan Native Asian Black/African American
 Hispanic/Latino Native Hawaiian/Pacific Islander White
 Arab/Arab American

country of origin _____ native language(s) _____

Education History

What is your highest level of education?

- No High School Diploma High School Diploma Some College, No Degree
 College/Professional Degree

In what country did you complete your highest level of education? _____

Which campus do you currently attend?

- Main Campus (Palos Hills) Education Center Blue Island
 Southwest Education Center (Tinley Park)

What is your current ESL Level?

- Level 4 (063) Level 5 (064) IELP Bridge to Healthcare/065

Are you a GED student? yes no If yes, are you in Spanish GED? yes no

What is your current ESL instructor's name? _____

Employment History

What is your current employment status?

- Unemployed Employed Part Time Employed Full Time

If you work, how many hours do you work per week? _____

Do you have any experience or education in the healthcare field? yes no

If yes, please explain your experience in the healthcare field: _____

Please explain any other work or education experience you have: _____

If selected for this scholarship, I promise that...

_____ I will be able to attend class on time during all class meetings. I will make all necessary arrangements for childcare and other obligations so that I will be able to attend class.

_____ I will attend required supplemental sessions after class with an LECR Education Specialist.

_____ I will be able to make time to study for quizzes and complete homework assignments.

_____ I will complete my medical forms on time. (In order to take the class, you must get a physical, show documented immunity to certain diseases, complete a 2-step TB skin test, get a flu shot, complete a drug screening and show proof of health insurance.)

_____ I will be respectful and cooperative with all Moraine Valley staff and students. I will follow all Moraine Valley policies and procedures.

_____ I will write a thank you note to show appreciation for the scholarship.

_____ I understand that it is an honor to receive a scholarship. I understand that money is being provided so that I can have this special opportunity. I will do my very best to take full advantage of this scholarship and all the other support and help I will receive.

_____ I understand that if I drop the class for any reason, I may be responsible for paying my full tuition for the class.

Signature _____ Date _____

Reference Form

In order to complete the class successfully, it is important that you have support outside of class. Please have an important adult (spouse/partner/friend/family member) in your life complete the following form.

Reference Name _____

Relationship to Candidate _____

I recommend this candidate for the scholarship because _____

I understand that this class will be difficult. It will take a lot of time and effort. I promise that I will support this candidate by

Signature _____ Date _____

Phone Number _____

Scholarship Requirement Checklist	Yes	No
1. Do I have a social security number?		
2. Do I have good attendance in my classes? (You missed 3 days or less.)		
3. Do I have a 92% average or higher in the Bridge to Healthcare class or a positive recommendation from a teacher?		
4. Do I have an Accuplacer reading score of 239 or higher (regular Accuplacer) or 82 or higher (ESL Accuplacer)?		
5. Did I fill out the application form completely?		
6. Did I complete my essay?		
7. Do I have a reference form completed?		
8. Do I have time to attend class, do homework and study (at least 20-25 hours per week)?		
9. Will I do my best to finish the class even if something unexpected comes up?		
10. Am I willing to get all my medical tests and shots? (You <u>do not</u> need to do this until your class starts.)		
11. Do I live in-district? (If you live out-of-district, you can still receive the scholarship, but you will have to pay the difference in cost.)		

Explain why you answered 'no' to any of the above questions: _____

You must have all placement testing and forms completed. There will be NO EXCEPTIONS. If you meet the scholarship qualifications, you will be asked to come in for an interview.