

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please explain any other work or education experience you have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Essay**

Please write an essay explaining why you should be selected to receive this scholarship. (You may type the essay or add an extra sheet of paper if you would like to do so.)

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**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\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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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 do not 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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.**