



Scholarship Application

SECTION A: APPLICANT INFORMATION

Name: _____

Address: _____

Phone: _____ Mobile: _____ Email: _____

Date of birth: ____/____/____ Age: _____ Social Security Number: _____

Are you currently employed? YES NO

If YES, please provide the following information.

Current employer: _____ Job title: _____

Name & contact information of direct supervisor: _____

If NO, please provide the following information.

Previous employer: _____

Previous job title: _____

Start date: ____/____/____ End date: ____/____/____

Name & Contact Information of Previous Direct Supervisor: _____

Annual Household Income for previous year: \$_____

Average Monthly Household Income for this year: \$_____

SECTION B: ACADEMIC FUNDS INFORMATION

Have you submitted the Free Application for Federal Student Aid (FAFSA)? YES NO

If YES, you should have received a Student Aid Report (SAR). What is the amount listed as your "Expected Family Contribution" or EFC? _____

If NO, do you intend to apply for financial aid? YES NO

Estimated Annual Tuition: \$_____

Please list all scholarships or financial aid and their amounts that you expect to receive for the 2021-2022 academic year: _____

Will you be employed while attending school? YES NO

If YES, full-time or part-time? FULL-TIME PART-TIME

Place of Employment: _____

SECTION C: FAMILY EXPENSES

Family Expenses Monthly Average

1. Rent / mortgage payment (include monthly property taxes, insurance, etc.): \$ _____

2. Utilities (power, phone, cable, water, etc.): \$ _____

3. Car payment(s): \$ _____

4. Auto insurance monthly premium: \$ _____

5. Out of pocket medical expenses (not covered by insurance or workers 'compensation): \$ _____

6. Child support payments made to children not residing in applicant's household: \$ _____

7. Any other monthly expenses (credit cards, loans, etc.)

Expense type: _____ Amount \$ _____

Expense type: _____ Amount \$ _____

Expense type: _____ Amount \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

Please explain in detail anticipated future changes in family expenses: _____

SECTION D: PROGRAM INFORMATION

What academic program are you pursuing? _____

What year do you expect to graduate with your degree? _____

SECTION E: ESSAYS

In a separate document, please describe why you have chosen to pursue a career in healthcare in 500 words or less.

In a separate document, please describe why you should be awarded scholarship funds in 500 words or less.

SECTION F: AUTHORIZATION STATEMENT

I certify that all of the information provided in this application is true and correct to the best of my knowledge and belief.

Signature of Scholarship Applicant

____/____/____
Date

Signature of Parent/Guardian/ Other Person
Assisting in the Completion of Application

____/____/____
Date

PLEASE READ CAREFULLY:

I hereby apply for a scholarship from Pivot Cares Organization I understand that scholarships granted by Pivot Cares Organization are benevolent awards and these are made on the basis of funds available to the Pivot Cares Organization. I further understand that the election of the recipients of Pivot Cares scholarships is a determination made solely by Pivot Cares and its Board of Directors and that it is totally up to their discretion who shall receive Pivot Cares scholarship awards, as well as the amounts of any such awards and terms thereof, and that I am in no way legally entitled to any scholarship, award, or grant on the basis of this application. If an award or other payment is granted to me, I am in no way legally entitled to any continuation or renewal thereof. All applications are subject to review by the Board of Directors. I hereby consent Pivot Cares Organization, its agents, employees or designees to contact and verify any information contained in this application by contact with any individual, government, educational institution or other entity. I understand that any intentionally false or misleading information I have submitted on this application will result in immediate rejection, cancellation of award and/or return of expended funds. If scholarship is awarded, I hereby grant Pivot Cares Organization. to use my name and likeness/my child's name and likeness in materials used by the charity for its promotional purposes and its reporting requirements. This includes information to prospective donor groups and individuals to further the mission of the Pivot Cares Organization.

Signature of Scholarship Applicant

____/____/____
Date

Signature of Parent/Guardian/ Other Person
Assisting in the Completion of Application

____/____/____
Date

Please print the names of all persons who assisted in completing this application:

