

## **Student information:**

Name:		
Address:		
Phone Number:		
Email Address:		
Current University Attending:		
Current Year in School:		
Date of Graduation:		
Institution planning to attend:		
Major/Specialty:	Full-Time Student	Part Time Student

#### **Personal Information:**

Please attach short answers to the following questions:

- 1. What are your career goals in healthcare?
- 2. What obstacles have you overcome in your career journey?
- 3. Tell us about a personal achievement that makes you proud.
- 4. How will this scholarship help you reach your goals?

### **Employment:**

Are you an employee of People's Health Centers?	Yes	No
If Yes, what is your position?		
If No, you must have an <i>immediate</i> family member em	ployed at People's?	
What is your immediate family member's name	2?	
What is your immediate relation to this individu	ual?	

## Please provide and attach two reference letters addressed to:

Chairman of BJK Scholarship Committee, 5701 Delmar Blvd., St. Louis, Missouri 63112.

\*Letters must be current. Letters from previous years will not be accepted for returning applicants. \*

Please provide a letter of acceptance from a college or university or proof of enrollment (current college students)

# All Applications must be completed and submitted to Human Resources, by 5pm May 31, 2024.