

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.