



San Juan Healthcare Foundation
Health Career Scholarship/Grant Application

The San Juan Healthcare Foundation promotes and supports financially those individuals that desire a career in healthcare. The scholarship is open to any student who has been accepted and is participating in a health-related program. Preference will be given to applicants from the Montrose area who plan to return to this area to offer their healthcare talents to the residents of Montrose and the surrounding communities.

There are many opportunities in the healthcare field that individuals can take advantage of for further education. This application form when completed will be considered in its entirety for any career in healthcare. The following documents must be completed and submitted with this application form:

1. Application Form
2. A letter describing why you have chosen a career in healthcare and what your future plans are regarding your career.
3. Explanation of financial need.
4. Three letters of recommendation – consider a personal reference, employer reference, instructor reference, others.
5. High School Transcripts
6. College or Other Educational Facility Transcripts
7. Current Acceptance Letter from your College or Program

Please complete and return this application and supporting documents to:

San Juan Healthcare Foundation
Attn. Leann Tobin
800 South Third Street
Montrose, Colorado 81401

Applications and supporting documentation will be taken through September 8, 2023, and the scholarship recipient(s) will be announced after September 29, 2023.



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Applicant's Full Name _____

Home Address _____
Street City State Zip

Email Address _____

_____ Date of Birth Telephone Number _____

Work Experience _____

Community Activities _____

High School Attended _____
Name Year of Graduation

Colleges Attended _____
Name Course of Study

Certificates/Awards _____

Name of College/University/Technical School Applying To: _____

Course of Study _____

Have you been accepted into a Program/College? _____

Name Program/College _____

Program Start Date _____ Completion Date _____



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Degree Desired _____

Funding Request: _____

Personal and Professional Goals: _____

Other Scholarships that you have applied for: _____

Other Scholarships awarded: _____

Applicant Signature

Date

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