



FAREED-TYSON MEDICAL ARTS SCHOLARSHIP

PRESENTED BY COMMUNITY VALLEY BANK

Student/Applicant Information

First Name: _____ M.I.: ____ Last Name: _____

Address: _____ City: _____ State: ____

Phone: _____ Email: _____

High School (attended): _____ Current GPA (un-weighted): _____

College/University/Voc-Trade School (enrolled in): _____

Major/Field of Study/Program: _____

Have you been accepted?: YES NO If YES, please provide Student ID (if available): _____

Scholarship Criteria

The Fared-Tyson Medical Arts Scholarship is open to:

- Students who are enrolled in a medical arts program at San Diego State University – Imperial Valley, Imperial Valley College, or a certified vocational/trade program located in Imperial County.
- Applicants must also be a current resident of and have lived in Imperial County for at least five years.

The scholarship criteria will include consideration for:

- | | |
|--------------------------------------|---------------------|
| ▪ Academic merit / GPA | ▪ Community service |
| ▪ Educational plans and career goals | ▪ Financial need |

Application Requirements & Details

Applicants may be required to participate in an interview process with the Scholarship Advisory Committee.

This scholarship is non-renewable. Incomplete and/or late applications will not be considered.

This scholarship may be used for qualified educational expenses including tuition, books and fees. Depending on the scholarship recipient's individual financial need, the award may be used for housing, however students will need to consult with their tax advisor and school to determine whether or not the use of the scholarship award for room and board is a qualified, tax-free educational expense.

Scholarship awards will be paid directly to the recipient's college / higher learning institution. In special circumstances, awards may be paid to the student directly. However, it will be the responsibility of the student to fulfill with proper reporting, disclosure and appropriate use of scholarship funds.

Attention: Scholarship applications must be received (not postmarked) by Friday, April 15, 2022.

Incomplete and/or late applications will not be considered. Please submit completed applications with school transcripts (unofficial are acceptable) and proof of eligible program enrollment to: Imperial Valley Community Foundation (PO Box 2739, El Centro, CA 92244) or, email to: bobby@ivcommunityfoundation.org. (*Email is preferred*)

I hereby agree to all of the above criteria and certify that all of the information provided for this scholarship application is true to the best of my knowledge. I understand that all decisions are final and not subject to review or appeal. I further understand that any information provided in this and other application forms may be shared with committee members of the sponsoring scholarship.

Student Signature: _____ **Date:** _____

Parent Signature (if applicant is < 18 years of age): _____ **Date:** _____

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APPLICATION: SHORT ANSWER QUESTIONS

Letters of recommendations may be included with your application or sent ahead of the application deadline, however letters of recommendation are not a requirement of the scholarship application.

1) What are your immediate educational goals?

2) What are your goals and career plans following graduation or completion of your program?

3) Why have you chosen to pursue an education or career in the medical field?

4) How will this scholarship help you?

5) What additional information would you like us to know about you?
