

**PALO ALTO**



**ADULT SCHOOL**

Palo Alto Adult School  
Winter '23 Scholarship  
50 Embarcadero Road  
Palo Alto, CA 94301  
Att: Malou Cruz



**Robert Smithwick Healthcare Vocational Scholarship  
\$2,000 CTE Application**

Date: \_\_\_\_\_

Name: First/Last \_\_\_\_\_

Home address: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred Phone with area code: \_\_\_\_\_

**Important Note for All Applicants:** *This \$2,000 scholarship is **only** available to Palo Alto Adult School students pursuing healthcare certification in a Career Series program of 12 months or longer and requiring a minimum of 300 course hours in the following areas of study:*

- Clinical Dental Assistant
- Certified Clinical Medical Assistant
- Certified Medical Administrative Assistant

Information given on the application will be used to consider you for an advanced career training \$2,000 scholarship. It will also supplement any existing financial aid application you have or will file. The scholarship award will be paid to the student after eligibility has been verified and enrollment has been confirmed. Only one scholarship will be awarded in the Winter 2023 quarter.

**Please complete the entire application.** Failure to do so may jeopardize its status. **This application and one completed recommendation letter, preferably from a current or former instructor, are the only forms necessary to apply.** Email completed forms to: [adultschool@pausd.org](mailto:adultschool@pausd.org), or print and mail to the address above.

# Robert Smithwick Healthcare Vocational Scholarship

Have you received a scholarship from Palo Alto Rotary before? Yes \_\_\_ No \_\_\_

Please list prior scholarship received and when? \_\_\_\_\_

## Personal Information

Housing status (own/rent):

Marital status:

Number of dependents: \_\_\_ Ages: \_\_\_\_\_

If married, spouse's Occupation: \_\_\_\_\_

Is spouse a student? Yes \_\_\_ No \_\_\_ Number of Units \_\_\_ Where \_\_\_\_\_

## Educational Information

List all high schools and colleges you have attended, beginning with your final year of high school and ending with your present educational status. Please include the following:

	School	Degree	Dates of Attendance	GPA
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

What healthcare certificate are you seeking? \_\_\_\_\_

Why did you choose this certificate? \_\_\_\_\_

Have you taken any previous healthcare classes? \_\_\_\_\_

Have you taken any online courses before? Which classes? \_\_\_\_\_

Have you ever taken an Adult School class before? \_\_\_\_\_

Are you currently working (full-time or part-time)? \_\_\_\_\_

# Robert Smithwick Healthcare Vocational Scholarship

## Current Memberships, Activities, and Involvements

List activities in which you are actively participating in school, college, or the community. Clubs, committees, athletics, drama, music, volunteering, both on and off campus.

## Supplemental Financial Information

### Monthly Income

Employment\* \_\_\_\_\_  
Spouse Employment \_\_\_\_\_  
Parent Contribution \_\_\_\_\_  
Scholarships or Grants \_\_\_\_\_  
Work-Study \_\_\_\_\_  
VA/Social Security Benefits \_\_\_\_\_  
Child Support/Alimony \_\_\_\_\_  
Other (List Source) \_\_\_\_\_  
**Total monthly income \$** \_\_\_\_\_

### Monthly Expenses

Rent \_\_\_\_\_  
Food \_\_\_\_\_  
Utilities \_\_\_\_\_  
Education (Books, Fees) \_\_\_\_\_  
Transportation \_\_\_\_\_  
Child Care \_\_\_\_\_  
Child Support \_\_\_\_\_  
Other (List) \_\_\_\_\_  
**Total monthly expenses \$** \_\_\_\_\_

\*If employed, where? \_\_\_\_\_

\*If employed, how many hours a week? \_\_\_\_\_

Anticipated tuition & course-related expenses? \$ \_\_\_\_\_

How do you plan to pay the balance of your career training expenses? \_\_\_\_\_

Other Comments:

# Robert Smithwick Healthcare Vocational Scholarship

## **Personal Statement**

Please help us get to know you -- Tell us about yourself. Feel free to share whatever you are comfortable sharing about your background, any personal hardships you've faced, your need for financial assistance, any past military service, why you wish to attend the school you've selected, what you hope to be doing five years from now, etc. We look forward to learning more about you.

# Robert Smithwick Healthcare Vocational Scholarship

## Letter of Recommendation

Please give us the name of the one person from whom you have requested a letter of recommendation, preferably from a current or former instructor.

Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
(email preferred, or phone)

Relation to you (teacher, counselor): \_\_\_\_\_

Please let the person know they may submit their letter of recommendation either:

Preferred Method: By email to: [adultschool@pausd.org](mailto:adultschool@pausd.org)

Or by mail to: Palo Alto Adult School  
Winter '23 CTE Scholarship  
50 Embarcadero Road  
Palo Alto, CA. 94301  
Att: Malou Cruz

## Completion of Application

I hereby authorize the Palo Alto Adult School to which I am applying to release all information that may be requested concerning my application to the Rotary Club of Palo Alto. I agree that some scholarship information may be sent to me at the email address that I have listed.

Signature (or typed name if by email) \_\_\_\_\_

Date: \_\_\_\_\_

Please save your completed form and email your application as an attachment to: [adultschool@pausd.org](mailto:adultschool@pausd.org).

Or you may print and mail this application to:  
Palo Alto Adult School  
Winter '23 CTE Scholarship  
50 Embarcadero Road  
Palo Alto, CA. 94301  
Att: Malou Cruz

**Thank you for your application**