



Scholarship Application
Rogue Workforce Partnership Healthcare Fund

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

EDUCATIONAL BACKGROUND

High School attended (or currently attending): _____

Graduation date, or anticipated graduation date (Month/Year): _____

Do you hold a GED certificate? Yes (Month/Year) _____ No _____

Did you complete the Caregivers School of Learning? Yes (Month/Year) _____ No _____

Career Plans

What is your field of study/future career plans: _____

What college or program do you plan to attend, or are attending?

School/Program/Course: _____

Status: Applied Accepted Attending

DISCLAIMER AND PERMISSIONS

Yes No I give permission to the Josephine County Educational Fund to publish my photo on the website and in other media to promote JCEF and its scholarship program.

Yes No If selected to receive a scholarship, I give permission to the Josephine County Educational Fund and the scholarship donor to publicize the award through their choice of media.

The Josephine County Educational Fund will never share your information with marketing entities.

REQUIRED SIGNATURES

If you are 18 years or older, you do not need a parent/guardian signature.

Student Applicant

By signing this application, I guarantee the accuracy of the application and the documents that will be added to the application packet. And, if requested agree to provide proof of this information. I authorize the Josephine County Educational Fund to share my application with scholarship processing and review staff, donors and selection committees for the purpose of determining eligibility and selecting awardees.

Applicant Signature: _____

Date: _____

Parent/Guardian

By signing this application, I guarantee the accuracy of the application and the documents that will be added to the application packet. And, if requested agree to provide proof of this information. I authorize the Josephine County Educational Fund to share my child's application with scholarship processing and review staff and selection committees for the purpose of determining eligibility and selecting awardees.

Parent/Guardian Signature: _____

Date: _____