



Asian Community Health Coalition

Scholarship Application Form

Instructions:

1. Please print clearly the following information. Turn in completed application, with all applicable signatures, to Asian Community Health Coalition (ACHC) Office. If this form is incomplete, inaccurate, or not signed, it will not be considered.
2. Please submit a new application each semester or as required by scholarship criteria.
3. A written statement describing educational goals and other relevant information should be attached.

Personal Information:

Applicant Name: _____
Mail Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (_____) _____ Cell Phone: (_____) _____
Student ID# or SSN#: _____ E-mail: _____

Academic Information:

College: _____
Semester for which application is being made (Term and Year): _____
Credit Hours Earned to Date: _____ Intended Major: _____ GPA: _____

Authorization Information:

I release to the Asian Community Health Coalition (ACHC) and ACHC Scholarship Program the right to access all my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of ACHC Scholarship Foundation.

(Initial) _____

I understand my name and information from my academic history may be released to the scholarship selection committee(s) and the scholarship donor(s). If awarded a scholarship, I release to the ACHC and the ACHC Scholarship Program, the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship.

(Initial) _____

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Signature: _____ **Date:** _____

Office Use Only:

Director Signature: _____ Date: _____
Scholarship Awarded: _____ Date: _____

Educational History

University level (Include any studies planned between now and scholarship term; list planned or most recent studies first.)

1. _____

Name of Institution	City/Town	State/Province	Country
Dates Attended (Month and Year)	Field of Study	Specify Degree or Certificate Received or Expected	

2. _____

Name of Institution	City/Town	State/Province	Country
Dates Attended (Month and Year)	Field of Study	Specify Degree or Certificate Received or Expected	

Work Experience

(List current or most recent first)

Name of employer	Job title or type of work	Dates worked (month and year)	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reference Letters

Three letters of recommendation are required. At least one of the letters should be from a faculty member who is familiar with your educational program. Faculty recommendations must be on institution letterhead. References should comment on your character and potential for leadership and/or for making a significant contribution to Public Health or related field. This can be based on specific examples drawn from your course work, projects, or activities. Each letter of recommendation must be signed and sent directly to ACHC by the person making the recommendation.

Ref1 Name	Institution Name		
Dept Name	Telephone	Email	
Ref2 Name	Institution Name		
Dept Name	Telephone	Email	
Ref3 Name	Institution Name		
Dept Name	Telephone	Email	

Applications must be mail or email to ACHC Scholarship Committee.

Mail to: ACHC Scholarship Committee
1106 Buttonwood Street, Unit A
Philadelphia, PA 19123

Email: achcoalition@gmail.com