

**TABOR FOUNDATION HEALTH CARE SCHOLARSHIP**

Application

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail address, if any \_\_\_\_\_

Telephone No. \_\_\_\_\_

What educational institution do you plan to attend in September of 2009?

\_\_\_\_\_

Briefly describe the health care program you intend to pursue \_\_\_\_\_

\_\_\_\_\_

Briefly describe your career goals. \_\_\_\_\_

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Please tell us how you plan to work in Northwestern Connecticut or Eastern Dutchess County after you complete your program of study.

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Describe any prior experience you have in the health care field on either a volunteer or paid basis.

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If you are a dependent of your parents, how many siblings do you have who will be enrolled in college in September 2009?

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If you are self-supporting , how many dependents do you have?

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Have you received or do you expect to receive any other grants or scholarships to assist you during this school year?

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Please provide estimates of the following for your next semester:

Tuition \_\_\_\_\_

Room and Board \_\_\_\_\_

Books \_\_\_\_\_

Travel (if a commuter) \_\_\_\_\_

**In order to complete its review of your application, the Committee will require a recommendation of no more than 200 words from a person who knows you well and who is knowledgeable about the health care field. Failure to do so, will result in your application being deemed incomplete and the Committee will not consider it.**