

Catholic Health Association of Texas

STUDENT SCHOLARSHIP PROGRAM

We are now accepting applications for the 2007 **Monsignor William Broussard Health Career Scholarship Program**. The purpose of the **Monsignor William Broussard Health Career Scholarship Program** is to help encourage and facilitate the education and training of Catholics pursuing a career in health care.

The **Monsignor William Broussard Health Career Scholarship** is available to Catholic students from Catholic Dioceses in the state of Texas who will be attending a University as a sophomore or above. This scholarship in the amount of \$1,000 per year is available to students majoring in a concentration that will lead to a career in health care. Other scholarships in the amount of \$500 will also be given. Students in disciplines such as nursing, occupational or physical therapy, social work, hospital administration, are examples of the types of students that may apply. However, students from a broad range of health care will be considered. Applicants from any accredited college or university in Texas may apply.

Deadline to Apply: The Scholarship Committee must receive all completed applications and attachments no later than February 16, 2007. Applicants will be notified of the Committee's decision by March 30, 2007.

Applicants must submit one signed original document to: CHA of Texas, Attn: Monsignor William Broussard Health Career Scholarship Program, P.O. Box 15364, Austin, TX 78761-5364.

If you have any questions or need assistance, please call our office at 512-465-1521.

CHA OF TEXAS SCHOLARSHIP PROGRAM

Monsignor William Broussard Health Career Scholarship

APPLICATION FORM

Please type or print clearly.

Section 1: Personal Information

Name	
Permanent Mailing Address (street, city, state, zip)	
Present School Address	
Home Phone Number	
E-mail address	
Social Security Number	
Gender	
Date of Birth	
Are you a U.S. Citizen?	
Are you a practicing Catholic? What parish do you attend? (List name and diocese please)	

Section 2: Academic Information

Where do you currently attend school?	Please list name and address of the college or university:
What is your Major?	
What is your Year of School?	Indicate – Sophomore, Junior, Senior, Graduate Student
Expected Date of Graduation	Month/Year
Type of Degree Program	
Enrollment Status	Circle one: Full time Part-time
Have you previously attended any other college or university?	If yes, please list the school name, city, state, and major. Degree earned, if applicable.

Section 3: Personal Statement

On a separate attachment, briefly describe your professional and educational goals and how this scholarship will help you achieve those goals. Please put your name at the top of this document and attach it to this application. (Maximum length: 500 words)

Section 4: Applicant's Certification

I hereby request consideration for a scholarship administered by the Catholic Health Association of Texas. I have completed all the necessary paperwork and certify that all information supplied on this application is complete and correct to the best of my knowledge. I understand that: falsification of my application, transcripts or other attachments will disqualify my application; failure to follow instructions to complete the application will render it incomplete and will not be considered; and that all scholarship committee decisions are final.

Signature: _____ Date: _____

Print Name: _____

Attachments:
Personal Statement
Official transcripts from previous school year