



Riverside Medical Clinic Charitable Foundation (RMCCF) 2017 Founders Scholarship Fund Application

Application Instructions:

Please complete the attached application form to apply for the Founders Scholarship Fund. The application deadline is ongoing and funds will be distributed on a quarterly basis, based on funds available and community needs. Applicants may apply only once every three years.

Requirements:

- Must reside in Inland Southern California
- Must be enrolled in an accredited healthcare program at a Southern California college, university, or post-secondary school
- Must submit a 300 word essay
- Must have a Grade Point Average (GPA) of 3.0 or higher
- Must submit current transcripts
- Funds must be used to further education (conference admissions, symposium fees, lecture, etc.)
- Must submit flyer, website, and educational workshop application for proposed event.
- Must be at least in second year or half way through healthcare program.
- Must not have applied for an RMCCF Scholarship within the past 2 years.

**RMCCF will award up to five scholarships at a maximum of \$250 per grantee on a quarterly basis.
Please see application deadlines and scholarship award dates below.**

2017 Application Deadlines

April 14 - July 14 - October 13

Scholarships will be awarded on

June 16 - September 15 - December 15

Riverside Medical Clinic Charitable Foundation

is a 501 (c)(3) non-profit organization, Federal Tax ID # 30-0796418

PO Box 2605, Riverside, CA 92516 • 7177 Brockton Avenue, Suite 220, Riverside, CA 92506

951-682-2753 • RMCcharity.org

Personal Information:

First Name

Last Name

Address

City

State

Zip

Phone

Email

Educational Information:

Name of University, College, or Post-Secondary School

Current GPA

Date of Expected Graduation

Field of study

Expected Degree

Extracurricular Activities:

Activity

Roles and Responsibilities

1.

2.

3.

Have you applied for a scholarship with the Riverside Medical Clinic Charitable Foundation before? If so, please state when and if you were awarded the scholarship.

Amount Requested:

Briefly describe how funds will be used, if granted, and how they will benefit you in your career pursuit.

Briefly describe your career goals or what type of job you would like to pursue after college.

Applicant's Signature

Date

Electronic signature accepted

Essay question:

In the space provided, tell us why you have chosen to pursue a degree in the healthcare field and what life experiences may have contributed to your decision.

Disclaimers: Scholarship grantees may be asked to provide RMCCF with receipt or proof of funds spent.

Scholarship advisory committee members must be able to make independent decisions on behalf of the scholarship fund and the Riverside Medical Clinic Charitable Foundation without potential or perceived influence caused by a conflict of interest. They must evaluate the eligibility of all applicants without bias and make selection recommendations based on the established objective criteria for the scholarship. Advisory committee members should avoid any situation where personal and business relationships could have, or give the appearance of having, undue influence on the member's judgment in matters under consideration. In case of a potential conflict of interest, the member shall declare the conflict, and refrain from participating in the discussions and decision-making process.

Riverside Medical Clinic Charitable Foundation does not and shall not discriminate on the basis of any applicable protected classification including, but not limited to, race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status in any of its activities or operations. These activities and operations include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, advertising for available scholarships, selection of scholarship recipients, and the provision of related services. Riverside Medical Clinic Charitable Foundation is committed to providing an inclusive and welcoming environment for all members of its staff, volunteers, vendors, applicants, and scholarship recipients.



Scholarship Media Consent Form

The Riverside Medical Clinic Charitable Foundation (RMCCF) is seeking your consent to take, retain, use and disclose photographs, videos, and names of award winners in a variety of publications and on the Foundation’s websites for marketing purposes and for the purpose of informing others about the Foundation and its programs and activities and could include, but is not limited to, the following:

- RMCCF communications, such as newsletters, brochures, newspapers, magazines and reports in print and electronically
- RMCCF websites, blogs, social media channels, and videos
- External media communications such as newspapers, television, radio or online publications, including media photographs and interviews relating to the Foundation
- Videos, CDs, podcasts, DVDs for promotion of the Foundation’s programs

Your response on this consent form will not be used in the Scholarship Committee process.

____ I DO give my consent for RMCCF to collect, use and publicly disclose my picture, name, grade, and/or school for purposes consistent with the above.

____ I DO NOT consent to the disclosure of my personal information for the above purposes.

Name of Recipient (Print): _____

Signature of Recipient: _____

Name of Recipient (Print): _____

Signature of Parent/Guardian: _____

(if Recipient is under 18)

Date: _____