



## **Riverside Medical Clinic Charitable Foundation (RMCCF) 2017 RMCCF College Scholarship Fund Application**

### **Application Instructions:**

Please complete the attached application form to apply for the RMCCF College Scholarship Fund and submit it by April 13, 2018. Grantees will be notified by May 31, 2018. Late applications will not be accepted.

### **Requirements:**

- Must be a resident of Riverside County
- Must be enrolled in a Riverside County High School
- Must be enrolled in or currently applying for admittance to a Southern California healthcare program
- Must submit a 300 word essay
- Must submit three letters of reference
- Must have a Grade Point Average (GPA) of 3.5 or higher
- Must submit current transcripts

**RMCCF will award up to ten (10) \$500 scholarships to be distributed by May 31, 2017.**

### **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](http://RMCcharity.org)

**Personal Information:**

First Name

Last Name

Address

City

State

Zip

Phone

Email

Name of parent or guardian, if under the age of 18

Parent's or guardian's phone number

Parent's or guardian's email address

Parent's or guardian's home address, if different from above

**Educational Information:**

High School

Current GPA

Date of Expected Graduation

Extracurricular Activities:

Activity and/or Organization

Roles and Responsibilities

1.

2.

3.

Please list the college(s), university(ies), or post-secondary school(s) you will attend or are considering attending:

Name

City

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.

Please tell us how you plan on spending the scholarship funds, if granted.

Briefly describe the field of study or major you plan to pursue.

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

\_\_\_ I authorize the release of my child's provided information for scholarship consideration.

Student Signature      Date  
\*Electronic signature accepted\*

Parent Signature      Date

**Essay question:**

In the space provided, tell us about experiences that have influenced your decision to pursue a career in the healthcare field and how these experiences will help you in this career choice.

***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: \_\_\_\_\_