***Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_***

***Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_Zip Code: \_\_\_\_\_\_\_\_\_***

***Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellular Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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

***Gender: Marital Status:***

* *Male \_\_Single \_\_Separated \_ Divorced \_ Married*
* *Female*

***Race/Ethnicity:***

* *African-American ( Non-Hispanic) Hispanic or Latino White ( Non- Hispanic)*
* *Asian (Non-Hispanic) Native American or Pacific Islander*

*More than one race\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Primary Language:*** *English Other:*

***Citizenship:*** *\_\_US or US territory citizen \_\_ Naturalized Citizen \_\_ Legal Immigrant or Visa status*

*Please indicate place of birth or Visa status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Employment/Income History:***

*Please indicate current employment status: \_\_Part-time \_\_ Full- time \_\_\_\_Seasonal*

*\_\_\_\_How many hours worked per week? Hourly Wage: \_\_\_\_\_\_\_\_ (permanent, seasonal or temporary)*

***Household Size:*** *#Adults\_\_\_\_\_\_\_\_\_\_ # Children with ages\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Household income*** *(estimated)) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* ***# of Earners in your Household****: \_\_\_\_\_\_\_\_\_\_\_\_*

***Educational Experience:***

***High School Diploma\_\_\_\_\_\_ GED\_\_\_\_\_\_ Name of School or Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Graduation/Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_***

***College:***

***College Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Degree\_\_\_\_\_\_\_\_ Diploma\_\_\_\_\_ Certificate\_\_\_\_***

***Graduation/ Completion date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Work History:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Name:*** | ***Location*** | ***Start date*** | ***End date*** | ***Reason for leaving*** |
|  |  |  |  |  |
|  |  |  |  |  |

***Statement of Interest:*** Please provide a personal statement about why you want to become a Community Health Worker and how this scholarship will help you to achieve that opportunity. Why are you a good candidate for the scholarship?

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing below, I give permission for the information on this form to be shared with Health Care Access Now, their funder and their public relations department so they can contact me regarding the Community Health Worker Certification Program scholarship that was made available to me.*