



Anita de la Vega Scholarship Fund  
2016 High School Senior Application and Conditions Form

**About the Scholarship Fund:** Family HealthCare Network established the Anita de la Vega Scholarship Fund in 2009 in honor of Anita de la Vega, who dedicated her life to serving the underserved. Her clinical career in Tulare County spanned three decades where she was respected for her tenacity, mentorship, work ethic and commitment to community service. Anita felt it was a privilege to practice medicine in underserved communities but that it was a responsibility to advocate for those communities. She exemplified through her professional and community service that we can all be a voice for the underserved and improve the community's health.

**About the Award:** A \$600 scholarship, sponsored by Family HealthCare Network's Anita de la Vega Scholarship Fund, is available to two deserving high school seniors from Tulare or Kings County.

**Eligibility:** To be eligible, qualified applicants must meet the following criteria:

1. Female student preferred
2. High school senior attending a public school in Tulare or Kings County
3. Cumulative grade point average of 2.50 or better
4. From a migrant or seasonal farm working family or background
5. Involvement in community service
6. Pursuing a degree in health or community health

**Award Conditions:**

1. The Anita de la Vega Scholarship Fund requests that the scholarship opportunity be posted in the guidance counselor offices. High School Seniors fitting the eligibility criteria are invited to apply.
2. Applicant must complete an application provided by the Anita de la Vega Scholarship Fund. Applications are also available at [www.fhcn.org](http://www.fhcn.org). **Application deadline is no later than 5:00 pm on Monday, March 28, 2016.**
3. The Anita de la Vega de la Vega Scholarship Fund will have a separate committee and make final decisions by April 15, 2016 and contact the award recipients and their school guidance counselors directly.
4. Scholarships will be distributed to selected students directly. Scholarships will be distributed once the release of funds form and enrollment verification is submitted to the Anita de la Vega Scholarship Fund. This information must be received no later than October 1, 2016 or the funds will be forfeited back to the Anita de la Vega Scholarship Fund.
5. Selected students shall be willing to have their name listed as a recipient, provide a photograph, and any written materials provided in the application as a promotion for their annual fundraising events.
6. Selected students will be asked to submit a progress report at the end of their first semester or equivalent quarter providing a written statement of how funds have supported their efforts to pursue a career in health or community health.
7. Please call Family HealthCare Network for questions regarding the scholarship or application process at 559-737-4700 or email your questions to [scholarships@fhcn.org](mailto:scholarships@fhcn.org).
8. Family members and/or children of Anita de la Vega Scholarship Fund Committee members, Board Members and Officers of Family HealthCare Network are ineligible to apply.



Anita de la Vega Scholarship Fund
2016 High School Seniors Application Form

Please print or type the following:

Personal Information:

Name: \_\_\_\_\_ Please Circle M/F
First MI Last

Mailing Address: \_\_\_\_\_
# Street City State Zip

County: (Please Circle) Tulare Kings Phone: \_\_\_\_\_

Migrant or Seasonal Farmworking Background (Please circle) Y/N Relationship: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_
# Street City State Zip

School Information:

Please attach verification (copy of transcript) of Cumulative G.P.A.:

High School: \_\_\_\_\_ School District: \_\_\_\_\_

High School Address: \_\_\_\_\_ H.S. G.P.A. \_\_\_\_\_
# Street City State Zip Cumulative G.P.A.

School Counselor: \_\_\_\_\_ Phone \_\_\_\_\_

College or University planning to attend: \_\_\_\_\_ Major or field of study: \_\_\_\_\_

References:

Please attach two required letters of recommendation:

- One letter from High School (Counselor or Teacher) knowledgeable about your character.
One letter verifying community involvement from a community organization you have completed community service or volunteered.

Name of Reference in Letter: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Reference in Letter: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Personal Statement and Photo:

Please attach a type written personal statement addressing how your migrant and seasonal farmworking background has influenced you to seek a career in health or community health and commit to making a difference in your community. Please attach a recent photo of yourself to the application.

Submission Guidelines:

Please submit your complete application no later than 5:00 pm on March 28, 2016. Submit to: Anita de la Vega Scholarship Fund, 305 E. Center, Visalia, CA 93291. Complete applications will be accepted by mail, hand delivery or by email to scholarships@fhcn.org. Only complete applications will be accepted. Questions can be sent to scholarships@fhcn.org or you can call 559-737-4700.