



BJS Employment Enhancement Scholarship Fund Application

Completed applications are due on or before February 29, 2024

I _____ have read and understand the conditions of this scholarship as explained. I give permission to officials of my organization to release my academic transcripts and other information requested for consideration of this scholarship program. I understand this application will be available only to qualified people who need to see it in the course of their course of their duties. I waive the right to access letters of recommendation written on my behalf. If selected as a recipient, I agree to meet with my assigned mentor, attend the Awards Ceremony and share my photo and story of the impact of this support. I affirm the information contained herein is true and accurate to the best of my knowledge and belief. The employee agrees to a commitment of two years of employment with El Rio Health following the scholarship award.

Date: _____ **Signature:** _____

Legal Name in Full: _____
Print/Type: Last Name First Name M.I.

Permanent Residence: _____
Street Address

City State Zip

Phone Contact: Cell _____ Other Telephone _____

Email Address: _____

Current Position at El Rio Health: _____

Number of Years of Employment at El Rio? _____

1. Education:

Secondary school/GED you graduated from: _____
Name, Location & Dates

Other Higher Education Institutions attended: _____
Name, Location & Dates

Current cumulative GPA: ____ of ____ **Number of Credits Earned to Date:** _____

Total Credits Required for Graduation: _____

Degree(s)/Certification(s) sought: _____

Concentration: _____

Name, Location & Dates

Currently attending college/certificate training? Yes _____ No _____

If yes, College/Certificate Institution: _____
Name, Location & Dates

Currently in a Degree Program? Yes _____ No _____

Name of Degree Program _____

List courses taken, dates completed, credit hours earned and cumulative GPA

List current courses and credit hours, including costs for tuition, materials, and fees. Additionally, list the same information for next semester's courses.

Expected annual education costs for 2024 and if applicable 2025

When do you expect to graduate? _____

Currently in a Certificate Training Program? Yes _____ No _____

Name of Certificate Program _____

Location of certification training and cost, including materials and fees

List the start and completion dates for certification and date you expect to sit for the certification exam?

Is retesting an option if you don't pass the first time? waiting period before retesting?

2. List Public Service & Community Activities participated in- List in descending order of importance:

Activity	Role	Dates To/From	Active # of Weeks
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3. List all employment/positions for the last five years:

Job Title Held/Type of Work	Employer	Dates To/From	Average # of Hours/Week
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4. Describe one specific example of your leadership:

5. Describe your career goals:

6. Describe your action plan - steps to achieve your degree or certification and support structure:

7. What do you hope to do and what position do you hope to have with El Rio Health upon completing your degree/certification?

8. What additional personal information do you wish to share with the scholarship review committee? Foundation?

To apply for the BJS Employment Enhancement Scholarship send the completed application with two current, signed letters of reference to:

**El Rio Foundation
Foundation@elrio.org
or**

El Rio Foundation, 839 W. Congress St., Tucson, AZ 85745