



EYE MEDICAL CENTER
OF FRESNO

2024 Scholarship Application

1360 E. Herndon Ave., Ste. 301 Fresno, CA 93720 559.449.5031

www.emcfresno.com/scholarship

Instructions:

- Applicants must fill out the following application. If this form is incomplete, inaccurate, or not signed, it will not be considered.
- **Essay Topic: Why does education matter in your community?**
Type your essay in Times New Roman and size 12 font.
- Submit this application form, essay, and all other supporting documents online at www.emcfresno.com/scholarship

Reminder: Submission deadline date is March 31, 2024

Check back with your counselor and/or scholarship provider concerning additional requirements.

Applicant Information

Name: _____ Date of Birth: _____
(Last Name, First Name) (mm/dd/yyyy)

Email: _____

Best Contact Number: _____ Alt. Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Family Information

Legal Guardian Name: _____ Date of Birth: _____

Address (If different from above): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Academic

High School: _____ GPA: _____

College: _____ Intended Major: _____

Full time Part Time (Please check mark which one applies)

Academic Continued... *Please list on a separate sheet of paper if additional space is needed.

Extra-curricular Activities:

Please list all school extra-curricular activities in which you have participated.

Organizations:

List all community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active.

Recognitions:

Please list all important awards and recognitions you have received.

Goals / Career Plans: Please list all your goals and your career plans for the future.

I certify that all the above stated information are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Applicant Signature:

Date: _____

Counseling Office and/or Scholarship Office Use Only:

Counselor Signature:

Date:

Is student in good standing?