



## 2007 PCI HEALTH TRAINING CENTER SCHOLARSHIPS

PCI Health Training Center is offering Scholarships to High School Seniors graduating in 2007. PCI has made available three partial scholarships for every school in the area. Additionally, there are fifteen full scholarships available for all graduating seniors. The scholarships may be applied to tuition in any of the healthcare programs offered by PCI: Medical Assistant, Psychiatric Assistant, Medical Office Assistant, or Patient Care Technician.

To be considered for one of these scholarships, fill out the information below and on the back of this form, sign the certification, attach the required personal essay and letters of recommendation, and submit everything to the PCI Scholarship Committee. All scholarship applicants will receive written notification of their award status after the committee has selected the scholarship winners.

Name: \_\_\_\_\_ High School: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell/Mobile Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Best Time to Contact: \_\_\_\_\_

Recommended By:

Senior Teacher: \_\_\_\_\_

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

Counselor: \_\_\_\_\_

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

Submit this complete application with essay and letters of recommendation to:

**PCI Health Training Center  
Scholarship Committee  
8101 John W. Carpenter Freeway  
Dallas, Texas 75247-4720**

**APPLICATION DEADLINE: March 15, 2007**

**Career Interest:**

Medical Assistant

Medical Office Assistant

Psychiatric Assistant

Patient Care Technician

**Campus Preference:**

PCI-Dallas Campus

PCI-Richardson Campus

1. List any extracurricular activities you are or were involved with:

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2. List any Community Service activities you are or were involved with:

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3. List any special achievements, awards, or honors you have received:

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Attach the following to this application:

**Essay:** Tell us in 200-300 words what your career goals are, how this scholarship will help you achieve those goals, and why PCI should select you to receive this scholarship.

Two letters from teachers, counselors, or advisors at your High School who can personally recommend you to PCI.

**Additional Requirements:**

Scholarship finalists must attend a personal interview with the PCI Admissions staff. Award winners will not be chosen until all interviews have been conducted.

**AUTHORIZATION & CERTIFICATION**

I authorize PCI Health Training Center to access my grades and H.S. graduation information. I further authorize PCI Health Training Center to publicize information included in this application and concerning the awarding of the scholarship. I certify that the above information is true and correct to the best of my knowledge.

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