

PCI Health Training School
Scholarship Application Form
2006

Date: _____
Name: _____
Mailing Address: _____

City, State, Zip: _____
Home Telephone: _____
Email: _____
Best Time to Call: _____
High School: _____
Counselor: _____

Recommended By

Senior Teacher: _____
Signature: _____
Counselor: _____
Signature: _____

Career Interests

Medical Assistant	Medical Office Assistant
Patient Care Technician	Psychiatric Assistant

Campus Preference

PCI - Dallas	PCI – Richardson
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1. List any extracurricular activities you are or were involved with: _____

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

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

Attach to this application:

Essay: Tell us in 200-300 words what your career goals are, how this scholarship will help to 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 High School 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 the the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Fax# 214-630-1002