



Scholarship Application

2017 High School Graduates

Deadline: June 1st, 2017

PCI Health Training Center offers partial and full scholarship to qualified high school seniors.

Scholarship awards will be applied towards tuition costs of any of the healthcare programs offered by PCI Health Training Center upon completion of the program.

**Medical Assistant, Medical Office Assistant, Patient Care Technician,
or Dental Assistant***Richardson Campus Only

To be considered for a scholarship, the student must:

- Be a U.S. Citizen or an eligible Non-Citizen
- Complete all sections of the scholarship application. (Parental signature is required for applicants under 18)
- Graduate from a recognized school district, private school, or charter school
- Attach two letters of recommendation from instructors or counselors
- Attach personal essay (see instructions)
- Attend a personal interview and tour with a PCI Admissions Representative
- Complete all of the above and submit application by the deadline given

Scholarship applicants will be notified of their award status after the Scholarship Committee has completed the selection process

Please Print or Type

Last Name	First Name	Middle Initial	High School

Address:	Apt #	City	State	Zip Code

Home Phone	Cell Phone	Email:	Best time to contact

Submit completed application with all required attachments to:

**PCI Health Training Center
Scholarship Committee
8101 John W Carpenter Freeway
Dallas, TX 75247**

Recommended by:

Senior Teacher Name:

Signature

Date

--	--	--

Counselor/Advisor Name:

Signature

Date

--	--	--

Career Interest:

<input type="radio"/> Medical Assistant	<input type="radio"/> Patient Care Technician	<input type="radio"/> Medical Office Assistant	<input type="radio"/> Dental Assistant
---	---	--	--

Campus Preferred:

<input type="radio"/> PCI – Dallas Campus	<input type="radio"/> PCI – Richardson Campus
---	---

Extracurricular Activities in High School

List any extracurricular activities you are or were involved with:

Community Service

List any community service activities you are or were involved with:

Awards and Achievements

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

Essay

Note: Please attach a typed essay of 200-300 words. Describe your career goals and how this scholarship will help you to accomplish them. Also explain why PCI should select you to receive the scholarship. Be sure your name appears on the essay.

Additional Requirements:

Scholarship finalist must meet with the Financial Aid Department to determine Pell Grant eligibility. The Pell Grant funds and PCI Health Training Center Scholarship awards will be applied to the tuition and costs of the program of study at PCI Health Training Center.

Authorization and Certification: (to be signed by all applicants)

I authorize PCI Health Training Center to access my grades and high school 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.

Applicant's Signature

Date

Parent/Guardian Signature (if under 18) Date

--	--

Students are encouraged to seek additional scholarships or financial aid to assist in funding their educational costs.