

HCA Florida's JFK Medical Staff Scholarship Program 2024-2025 Application  
505 South Congress Avenue  
Boynton Beach, FL 33426

**Applicant Details**

*First Name:*

*Last Name:*

*Please indicate which is the most reliable way to contact you for notification in the event that you are selected to receive a scholarship.:*

*Email:*

*Phone number:*

*Age:*

*Gender:*

*If other, please specify:*

*Race/Ethnicity:*

*If other, please specify:*

**Category Selection**

*Please select if you are :*

**If you are a High School Senior**

*Student Number:*

*What high school do you currently attend?:*

*What is your current GPA (grade point average)? :*

*Verified GPA (grade point average):*

*What is your current HPA (Honor Point Average)?:*

*Verified HPA (Honor Point Average):*

*What industry certifications are you planning to take before High School graduation?:*

*What, if any, industry certifications have you already obtained?(If none, list N/A):*

*Verified Industry Certification:*

### **If you are an Alumni**

*Year you were awarded an HCA Scholarship:*

*What college or university do you currently attend?:*

*What is your current GPA?:*

*Which if any health or science related courses have you already taken since you entered college/university?:*

*Please list any honors you have received (e.g. Dean's List, Top 10%, etc.):*

*Please upload an unofficial transcript:*

### **Questions**

*Which of the following applies to you? Please note that your answer to this question is purely for demographic purposes.:*

*Have you completed a FAFSA (Free Application for Federal Student Aid) form? :*

### **If you are a High School Senior**

*What is your career goal?:*

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*Do you plan to attend post-secondary education?:*

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*Have you applied to a post-secondary institution (college, university or tradeschool)?:*

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*Which post-secondary institution(s) have you applied to?:*

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*Have you already been accepted to a post-secondary institution(s)?:*

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*Which post-secondary institutions have you been accepted to?:*

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### **If you are an Alumni**

*What is your current healthcare career goal?:*

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*What have you learned during your post secondary studies that has given you insight into your future career?:*

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### **If you are a High School Senior**

*Did you do any clinicals during your medical academy experience?:*

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*What clinical facilities did you attend?:*

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*Verified Clinical Verification:*

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*What skills do you feel you developed during your clinical experience?:*

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*Have you worked a job while attending school?:*

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*Please list any jobs you held and your employer(s).:*

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*What skills do you feel you've developed thanks to your work experience?:*

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## **If you are an Alumni**

*Have you had any opportunity to participate in an internship or applied learning situation?:*

*Please describe your experience and what you feel you learned from it:*

*Have you worked a job while attending school?:*

*Please list any jobs you held and your employer(s):*

## **If you are a High School Senior**

*Did you participate in any volunteer and/or community service activities? :*

*Briefly describe your volunteer and/or community service activities.:*

*How many volunteer hours are showing on SIS and/or your high school transcripts?:*

*Verified Community service hours:*

*What do you feel you learned from these experiences?:*

## **If you are an Alumni**

*Did you participate in any volunteer and/or community service activities?:*

*Briefly describe your volunteer and/or community service activities:*

## **If you are a High School Senior**

*Did you participate in any school clubs/sports/ after-school activities? :*

*Please list which clubs, sports or after school activities you participated in.:*

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*What do you feel you learned from these activities?:*

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**If you are an Alumni**

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*Did you participate in any clubs, sports or other extracurricular activities?:*

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*Please list which clubs, sports or extracurricular activities you participated in:*

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**If you are a High School Senior - Leadership Questionnaire**

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*Have you taken on a leadership role in any of the experiences previously mentioned?:*

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*What was your leadership role?:*

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*What was the most difficult thing about being a leader?:*

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*What did you like most about being a leader?:*

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**If you are an Alumni - Self -Management Questionnaire**

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*Please describe your experience with juggling family obligations, work, sports, clubs or volunteer activities and your studies effectively. What strategies have you used or what have you learned about yourself?:*

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**If you are a High School Senior**

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*Briefly describe any other experiences not listed above that you feel have impacted you or influenced your educational journey or career path. (If there are none, please enter N/A.):*

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*Please describe how you have overcome a significant challenge:*

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**Statement of need - If you are an Alumni**

*How did being awarded this scholarship impact your college experience?:*

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*How would having your scholarship award renewed help you?:*

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### **Overcoming Challenges - If you are an Alumni**

*Please describe a challenge you've overcome whilst in college or describe the biggest challenge you are currently facing and how you plan to overcome it.:*

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### **Acknowledgment Statements**

*I confirm that the information I have provided in this application is accurate to the best of my knowledge.:*

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*If awarded, I understand that the Education Foundation of Palm Beach County will communicate with me via email and I agree to respond with the information necessary for them to complete award arrangements.:*

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*If awarded, I consent to the Education Foundation of Palm Beach County's use of statements provided in this application for the purposes of making an award announcement and/or sharing updates with the funding organization. :*

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