



Vietnamese Physician Association Of Northern California

SCHOLARSHIP APPLICATION

Deadline: April 15, 2016

The Vietnamese Physician Association of Northern California (VPANC) is pleased to announce the 2016 21st Annual Scholarship Award for outstanding Vietnamese high school seniors. Each award given will be \$1,500. We encourage all Vietnamese students meeting the requirements to apply.

REQUIREMENTS

The applicant must:

1. Be of Vietnamese descent with financial hardship
2. Be a high school senior currently living in Northern California
3. Be attending college in the summer or fall of 2016
4. Have a GPA of 3.5 or greater
5. Submit the following documents:
 - a. a completed three-part application (one page application, one page list of extracurricular activities and awards/achievements, and one page personal essay)
 - b. an official high school transcript
 - c. a copy of the official SAT or ACT scores (may print from the official website)
 - d. two letters of recommendation from teachers, advisors, or individuals who are familiar with the applicant's academic work and other attributes
 - e. a copy of parents' most recent income tax return (2015) or other means of determining your family's income.

APPLICATION DEADLINE

Completed application and ALL supporting documents must be sent TOGETHER and postmarked no later than **April 15, 2016**. You will be notified via e-mail when your completed application is received. Incomplete application will not be reviewed. Award recipients will be notified by May 9, 2016 via e-mail.

Please send all inquiries, completed applications with all required documents to the following address:

Anh T. Nguyen, MD
Kaiser Permanente Santa Clara Medical Center
710 Lawrence Expy, Dept. 390
Santa Clara, CA 95051

Email: Anh T. Nguyen, MD anh.the.nguyen@kp.org | Huy Trinh, MD htrinhmd@gmail.com

STUDENT INFORMATION - PART I

Fillable PDF Form

Full Name

Date of Birth

Gender

Male

Female

Street Address

City

State

Zip Code

Cell Phone

Home Phone

Email

Father / Guardian

Age

Mother / Guardian

Age

Address if different from student's

Phone if different from student's

SCHOOL INFORMATION

HIGH SCHOOL NAME

City of High School

PRINCIPAL

Phone Number

COUNSELOR

Phone Number

LETTERS OF RECOMMENDATION

NAME

Title

NAME

Title

We, the undersigned, hereby certify that the information contained in this application is true to the best of our knowledge, and grant the Vietnamese Physician Association of Northern California (VPANC) full authority to verify said information. If the applicant becomes a recipient of the Scholarship Award, the VPANC is thereby authorized to publish and disseminate said information at its discretion, and shall be held harmless from all claims, liabilities, or legal actions that may arise therefrom.

STUDENT SIGNATURE

PARENT / GUARDIAN SIGNATURE

DATE

CONTINUE TO PART II & III

EXTRACURRICULAR ACTIVITIES - PART II

List all your extracurricular activities, achievements, awards, ect. Limit to 1 page.

ESSAY - PART III

Write an essay on any topic you choose. You may use English or Vietnamese. Limit to 1 page.