

2008

Catholic  
Health  
Association  
of Texas

STUDENT SCHOLARSHIP PROGRAM

*We are now accepting applications* for the 2008 **Monsignor William Broussard Health Career Scholarship Program**. The purpose of this scholarship is to help encourage and facilitate the education and training of Catholics pursuing a career in health care.

The \$1,000 annual scholarship is available to Catholic students from Catholic dioceses in the state of Texas who will be attending a university as a sophomore or above in 2008 and majoring in a concentration of classes that will lead to a career in health care – such as nursing, occupational or physical therapy, social work, hospital administration and others. A broad range of health care career paths will be considered, and scholarships of \$500 will also be awarded. Applicants from any accredited college or university in Texas may apply.

Deadline to Apply: The Scholarship Committee must receive all completed applications and attachments no later than June 30, 2008. Applicants will be notified of the Committee's decision by August 1, 2008.

Applicants must submit one signed original document to: CHA of Texas, Attn: Monsignor William Broussard Health Career Scholarship Program, P.O. Box 15364, Austin, TX 78761-5364.

If you have any questions or need assistance, please call our office at 512-420-0024 or email [cspikes@chatexas.org](mailto:cspikes@chatexas.org).

# CHA OF TEXAS SCHOLARSHIP PROGRAM

## Monsignor William Broussard Health Career Scholarship

### APPLICATION FORM

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Please type or print clearly.

#### Section 1: Personal Information

<b>Name</b>	
<b>Permanent Mailing Address (street, city, state, zip)</b>	
<b>Present School Address</b>	
<b>Home Phone Number</b>	
<b>E-mail address</b>	
<b>Social Security Number</b>	
<b>Gender</b>	
<b>Date of Birth</b>	
<b>Are you a U.S. Citizen?</b>	
<b>Are you a practicing Catholic? What parish do you attend? (List name and diocese please)</b>	

## Section 2: Academic Information

<b>Where do you currently attend school?</b>	Please list name and address of the college or university:
<b>What is your Major?</b>	
<b>What is your Year of School?</b>	Indicate – Sophomore, Junior, Senior, Graduate Student
<b>Expected Date of Graduation</b>	Month/Year
<b>Type of Degree Program</b>	
<b>Enrollment Status</b>	Circle one:                      Full time                      Part-time
<b>Have you previously attended any other college or university?</b>	If yes, please list the school name, city, state, and major. Degree earned, if applicable.

## Section 3: Personal Statement

On a separate attachment, briefly describe your professional and educational goals and how this scholarship will help you achieve those goals. Please put your name at the top of this document and attach it to this application. (Maximum length: 500 words)

## Section 4: Applicant's Certification

I hereby request consideration for a scholarship administered by the Catholic Health Association of Texas. I have completed all the necessary paperwork and certify that all information supplied on this application is complete and correct to the best of my knowledge. I understand that: falsification of my application, transcripts or other attachments will disqualify my application; failure to follow instructions to complete the application will render it incomplete and it will not be considered; and that all scholarship committee decisions are final.

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

Print Name: \_\_\_\_\_

Attachments:  
Personal Statement  
Official transcripts from previous school year

**AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS**  
**Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)**

I, \_\_\_\_\_, hereby voluntarily authorize officials in the University of Houston department(s) identified below to disclose personally identifiable information from my educational records. (Please check the box or boxes that apply):

- Registrar
- Financial Aid
- Dean of Student's Office
- Residential Life and Housing
- University Advancement
- University Studies Division
- Other (Please Specify) \_\_\_\_\_

Specifically, I authorize disclosure of the following information or category of information (Please check the box or boxes that apply):

- Grades/Transcripts
- Financial Aid
- Disciplinary
- Housing
- Scholarship and/or Honors
- Photos
- Academic Records
- All University Records
- Other (Please Specify) \_\_\_\_\_

This information may be released to \_\_\_\_\_  
[Print Name(s) of Individual(s) To Whom University May Disclose Information]

\_\_\_\_\_ for the purpose of informing:  
[List Additional Individuals if Necessary]

- Family
- Educational Institution
- Employer/Prospective Employer
- Public or Media of Scholarship, Honor or Award
- Other Please Specify) \_\_\_\_\_

**I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Department(s) identified above.**

\_\_\_\_\_  
 Student Name (Please Print)

\_\_\_\_\_  
 Student I.D Number

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date