



# United Health Foundation

## 2006 UNITED HEALTH FOUNDATION AND PACIFICARE FOUNDATION ASIAN HEALTH SCHOLARS APPLICATION

Please Type (handwritten applications will not be considered)

### PERSONAL INFORMATION

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Number Street City State Zip

e-mail address: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Alternate) \_\_\_\_\_  
Area Code Number Area Code Number

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Ethnic Origin:  Chinese •  Korean

Sex:  Male •  Female Citizenship:  U.S. Citizen •  Legal Resident •  Other \_\_\_\_\_

Do you speak Chinese (Mandarin and Cantonese) or Korean fluently?  Yes  No

(Please note that you will be tested on your ability to speak Chinese/Korean via a telephone interview.)

### ACADEMIC DATA

High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_ GPA/Scale \_\_\_\_\_

College \_\_\_\_\_ Date of Attendance \_\_\_\_\_ GPA/Scale \_\_\_\_\_

(Note: You will be required to show proof of attendance if you are selected for the scholarship).

What university, college or technical school are you or will you be attending?

College \_\_\_\_\_ Declared or Expected Major \_\_\_\_\_

Financial Aid Office Address \_\_\_\_\_  
Street Address City State Zip Code

### CERTIFICATION & AUTHORIZATION

I certify that all of the information included in this application is true and complete to the best of my knowledge. I certify that I meet all the eligibility requirements as specified in this application. I understand that I must be enrolled full-time at an accredited university, community college or technical school to receive the funds of this scholarship. Scholarship funds will be paid directly to the university, community college or technical school of attendance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please check the items, which you have enclosed with this application. Only those applicants who have submitted all the items listed below will be considered for a scholarship. Please include three (3) copies of your completed application and all supporting documentation.

- **Typed, completed and signed application form.** *Please note that handwritten applications will not be considered. (3 copies)*
- **Transcript(s) from high school with cumulative GPA of 3.8 (3 copies)**
- **Letter of recommendation from a high school teacher or advisor on school letterhead. (3 copies)**
- **Typed Personal Essay (not to exceed 2 pages) describing personal and academic accomplishments, community involvement, volunteer and leadership activities, academic plans and the reason the candidate desires a career in the health care field. Essay must be done by the applicant, one in English and the equivalent written in Chinese or Korean. Three copies of each essay. (3 copies)**
- **Copy of documentation of U.S. citizenship or legal permanent residency in the United States. Examples of documentation: U.S. passport, U.S. birth certificate, permanent residency card. (3 copies)**

**APPLICATIONS MUST BE RECEIVED BY 10/31/06.  
ALL PAPERWORK MUST BE SUBMITTED TOGETHER.  
(INCOMPLETE APPLICATIONS THAT DO NOT  
INCLUDE ALL PAPERWORK WILL NOT BE  
CONSIDERED).**

**PLEASE MAIL 3 COPIES OF YOUR COMPLETED  
APPLICATION AND SUPPORTING DOCUMENTATION  
TO:**

**Carol Toulson  
(714) 226-3462  
PacifiCare Foundation,  
A UnitedHealth Group Company  
P.O. Box 6006  
Mailstop: CY20-359  
Cypress, CA 90630**