

# **Scholarship Application (2019)**

# Application Due Date: June 15, 2019

Questions? Send an email to studentservices@ohlonecenter.org

#### Information

#### General

- 1. DEADLINE for new and renewing scholarship applications is **Saturday**, **June 15**, **2019** at 5:00 PM. There are **NO EXCEPTIONS**.
- 2. Refer to the application process below for a list of the supporting documents required. Incomplete applications will not be considered.
- 3. If any question does not apply to you in this application please put N/A in the space
- 4. Type or print legibly. Illegible applications will be considered incomplete
- 5. You will be notified by phone or mail by (July 15, 2019) regarding the status of your application
- 6. If you have questions about the application, send an email to studentservices@ohlonecenter.org

## **Purpose**

The Ohlone Herbal Center (OHC) scholarship fund was established in 2014. The purpose of the scholarship is to provide access to eligible OHC programs for diverse, low-income individuals with demonstrated commitment to serving the health of their communities.

#### **Financial Assistance**

Financial assistance is based on financial need, commitment to community service, and enrollment in the following OHC courses: Foundations, Therapeutics, and Clinical Internship. Scholarships may be awarded and/or renewed provided funds are available. The scholarship may be renewed only if the award recipient meets the conditions outlined below in *Scholarship Renewal*.

#### **Scholarship Awards**

OHC awards scholarships on the basis of a comprehensive, competitive process. Areas that are reviewed by the committee include, but are not limited to the following: professional goals, commitment to and evidence of community service, references, statement of purpose, and financial need. OHC applies scholarship funds directly to tuition. OHC scholarships are awarded without regard to race, color, ethnicity, gender, ability/disability, or sexual orientation. Scholarships awarded are based upon the availability of funds and additional qualifying criteria.

#### Criteria

- Applicants must be enrolled in an eligible long-term OHC educational program. If scholarship money is awarded, these are the only programs that will receive the funds on behalf of the applicant
- Applicants must demonstrate a need for financial assistance and household income of up to 200% of the federal poverty level (FPL). For current FPL guidelines, review the OHC Scholarship page at http://www.ohlonecenter.org/scholarship-application
- Preference may be given to applicants who have participated in OHC programs, or who provide evidence of service to their community



- Renewal applicants must be students in good standing, and have done at least 4 hours per month of
  community or public service. Such service can take place in the OHC community clinic or garden, the
  Charlotte Maxwell clinics, or other venues approved by the OHC directors
- Applicants must complete and submit a scholarship application by June 15, 2019 by 5:00 PM
- Relatives of OHC board members, members of the selection committee, or major donors are not eligible for OHC scholarships

#### **Timeline**

- New and renewal applications are due by Saturday, June 15, 2019 at 5:00 PM
- Candidates who are chosen for interviews will be notified by the Scholarship Committee by July 15, 2019
- Applicants are notified if awarded a scholarship by August 15, 2019



# **Application Process**

## **New Scholarship Applicants Must Provide:**

- Completed application form. All documents must be provided together, in one email or packet
- Personal statement
- Two letters of reference from teachers, employers, colleagues, clients, community members, or other persons with knowledge of the applicant's commitment to community services
- Demonstrated financial need

## **Scholarship Renewal Applicants Must Provide:**

- Evidence of need for continued financial assistance
- Documentation of at least 4 hours per month of community or public service
- Completed application form and personal statement that includes a description of their experience during current/previous OHC studies and how what they have learned affects their areas of interest and career plans. All documents must be provided together, in one email or packet

The following items must be included in this application in order for the application to qualify for review by the scholarship committee. Incomplete and late applications will not be accepted.

- Notice of acceptance into an eligible OHC program, and payment of deposit
- Two reference letters (new applicants only)
- Documentation of at least 4 hours per month of current volunteer service (renewal applicants only)
- Answers to application questions 1–8
- Statement of purpose
- Signed application form
- Evidence of financial need (tax returns or other documents approved by the OHC director). Minors must include parent/guardian's tax returns OR their own tax returns and proof of Emancipated Minor status.

## Please email application (preferred) to:

OHC Scholarship Program studentservices@ohlonecenter.org

Use subject line: OHC Scholarship Application

or mail application to:

Ohlone Herbal Center 1250 Addison St., Suite 113 Berkeley, Ca 94702



# **Application**

# Application must be filled out by applicant.

Please **type** or **print** your answers. If application is illegible, it will be returned to you.

1	Last Name:	First Na	ame:			
2	Mailing Address					
	Street:	City:		State:	ZIP Code:	
		•				
3	Telephone Number:					
	Email Address:					
	Zinan / laa. essi					
4	Describe current school or employment:					
5	I will be attending the following OHC program:					
,	will be attending the following one program.					
6						
	Date of Birth:					
	Minors: Evidence of emancipated minor status or name and address of parent(s) or legal guardian(s):					
	Street: City:			State:	ZIP Code:	
	,					
	Home phone of parents or legal guardians:					
7	List the name of other schools you have attended	l Year	Year	Year	Dograo or	
,	List the name of other schools you have attended	Began	Ended	Graduated	Degree or Certificate Received	
	A.	Ведин	Lilaca	Gradatea	Certificate Received	
	B.					
	C.					
	D.					
8	List other financial assistance you will receive					
	A. Personal		Amount	:\$		
	B. Other Scholarship(s)		Amount: \$			
	C. Grants		Amount: \$			
	D. Loan(s)		Amount: \$			
	E. Other Financial Resources		Amount: \$			



# **Statement of Purpose**

Please write a 1- to 2-page essay that addresses the following elements. The review committee will consider them all.

## Area of Study

What do you want to study and why? Plus - New applicants: Have you previously worked with plants and/or holistic healing? Renewal applicants: Have your OHC studies affected your areas of interest?

#### **Career Plans**

What are your career plans and professional goals? What would you like to be doing in 5 years?

#### Need

Describe your need for the OHC Scholarship, and how it will affect your ability to study at OHC.

## **Organizations**

Please list organizations such as service, volunteer, and religious organizations in which you are now active or have previously been active. Note leadership roles and dates. (Description and documentation of current service is mandatory for renewal applications). How do you plan to use your OHC education to benefit your community in the future?

#### **Personal Information**

Please include any other relevant information about yourself and your life journey that you wish to share with us. OHC encourages applicants who are from groups or communities that are generally underrepresented in western herbalism to discuss their background and how it affects their desire and ability to participate in western herbal education. Examples of underrepresented groups include, among others, single parents or grandparents raising minor children, persons providing eldercare, persons from low-income and minority communities, and persons with disabilities.

## **Statement of Accuracy**

I affirm that the above stated information provided by me is true, correct, and without forgery.

I understand that OHC scholarship funds are very limited. Completion of this application indicates a genuine need for tuition assistance not available to me through other means.

I understand that the OHC scholarships do not cover full tuition expenses, and I am responsible for the balance.

I understand that if chosen as a scholarship winner, according to OHC policy, I must enroll in a qualifying OHC program, and pay the balance of my tuition before scholarship funds can be awarded.

Signature of scholarship applicant: _	 Date: _	



# **Application Checklist**

Please indicate the following items are included by checking them off the list. All items must be included in your application packet for the application to qualify for review by the scholarship committee.

Notice of acceptance into an eligible OHC program, and payment of deposit

Two reference letters (new applicants only)

Documentation of at least 4 hours per month of current volunteer service (renewal applicants only)

Answers to application questions 1-8

Statement of purpose

Signed application form

Evidence of financial need (tax returns or other documents approved by the OHC director). Minors must include parent/guardian's tax returns OR their own tax returns and proof of Emancipated Minor status.