

## Anita de la Vega Scholarship Fund 2025 Junior College Application and Conditions Form

About the Scholarship Fund: Family HealthCare Network (FHCN) is a private nonprofit organization offering primary and specialty care services with over 50 locations serving Tulare, Kings, Kern, and Fresno Counties. Founded in 1976, FHCN has grown into the largest primary care provider in the South Valley. In 2009, FHCN established the Anita de la Vega Scholarship Fund in honor of Anita de la Vega, a clinician who had a long-lasting impact on the organization because of her dedication to serving the underserved and her strong encouragement for higher education. Her clinical career in Tulare County spanned three decades, during which time she was respected for her tenacity, mentorship, work ethic, and commitment to community service. Anita felt it was a privilege to practice medicine in underserved communities, but that it was a responsibility to advocate for them. Her exemplary professionalism and community service continues to be an inspiration for being a voice for the underserved and for the improvement of our communities' health.

<u>About the Award:</u> A scholarship, sponsored by Family HealthCare Network's Anita de la Vega Scholarship Fund, is available to deserving Junior College students from Tulare, Kings, Kern and Fresno Counties.

**Eligibility:** To be eligible, qualified applicants must meet the following criteria:

- 1. First generation college student preferred
- 2. Attending a Junior College in Tulare, Kings, Kern, or Fresno County
- 3. Cumulative grade point average of 2.50 or better
- 4. From a migrant or seasonal farm working family or background
- 5. Involvement in community service
- 6. Pursuing a career in health or community health

## **Award Conditions:**

- 1. Family HealthCare Network employees fitting the eligibility criteria are invited to apply.
- Applicants must complete an application provided by the Anita de la Vega Scholarship Fund. Applications are also available at fhcn.org/anita-fund. The application window opens on February 1, 2025. The application deadline is no later than 5:00 pm Monday, March 17, 2025. Applications must be mailed in or hand delivered.
- 3. The Anita de la Vega Scholarship Fund Committee will make final decisions by March 24, 2025, and will contact the award directly.
- 4. Scholarships will be distributed to selected employee(s) directly. Scholarships will be distributed once the release of funds form and enrollment verification is submitted to the Anita de la Vega Scholarship Fund. This information must be received no later than Wednesday, October 1, 2025, or the funds will be forfeited back to the Anita de la Vega Scholarship Fund.
- 5. Selected employee(s) shall be willing to have their name listed as a recipient, provide a photograph, and any written materials provided in the application as a promotion for their annual fundraising events.
- 6. Selected employees will be asked to submit a progress report at the end of their first semester or equivalent quarter providing a written statement of how funds have supported their efforts to pursue a career in health or community health.
- 7. Please call Family HealthCare Network for questions regarding the scholarship or application process at 559-741-2684 or email your questions to <a href="mailto:scholarships@fhcn.org">scholarships@fhcn.org</a>.
- 8. Family members and/or children of Anita de la Vega Scholarship Fund Committee Members, and Board Members and Officers of Family HealthCare Network are ineligible to apply.



## Anita de la Vega Scholarship Fund 2025 Junior College Application Form

Please complete this required form and submit with your application:

Personal Information:								
Name:								
First			MI		Last			
Mailing Address:								
	#	Street					-	
County: (Please Circle)	Tulare	Kings	Kern Fres	no Other:		Phone: _		
Migrant and Seasonal F	arm wo	rking Far	mily Backgro	ound? 🗆 Yes 🗀 N	lo Relatio	onship:		
Are you related to a Fa	mily Hea	lthCare	Network em	nployee or Board	Member	? □Yes □ No	)	
If yes, what is the empl	oyee or	Board M	lember nam	e?				
First generation college	student	t? □Yes	□ No					
Parent/Guardian:	/Guardian:				Phone:			
Home Address:		Street		City		 State		
School Information:							r-	
Please attach verification	on (copy	of trans	cript) of you	ır last Cumulative	G.P.A.:			
	··· (00p)		,,					
Last School Attended: _				Schoo	l District:			
Last School Address:						G.P.A		
	#	Street	City	State	Zip		Cumulative G.P.A.	
School Counselor:						Phone:		
Junior College attendin	College attending: Major or field of study:							
References:								
Please attach two requ								
<ul> <li>One letter from an Advisor or Professor knowledgeable about your character.</li> </ul>								
<ul> <li>One letter verifying community involvement from a community organization you have completed</li> </ul>								
commu	nity serv	vice or vo	olunteered.	<u>Letter must be o</u>	n organiza	ation's letterh	ead.	
Name of Reference in L	.etter:			Relationship:			Phone:	
Name of Reference in Letter:R			Relationship:			Phone:		
Personal Statement and I	Photo:							
Please attach a typewr	itten per	sonal sta	atement add	dressing how you	r migrant	and seasonal	farm working background	

Please attach a typewritten personal statement addressing how your migrant and seasonal farm working background has influenced you to seek a career in health or community health and commit to making a difference in your community. Please attach a recent photo of yourself to the application.

## **Submission Guidelines:**

Please submit your complete application no later than 5:00 pm on March 17, 2025. Submit to: Anita de la Vega Scholarship Fund, 305 E. Center, Visalia, CA 93291. Applications will be accepted by mail or hand delivery. Only complete applications will be accepted. Questions can be sent to <a href="mailto:scholarships@fhcn.org">scholarships@fhcn.org</a> or you can call 559-741-2684.