



# CQCH Foundation Scholarship Application

To qualify, you must plan to be enrolled in a healthcare related field.

Complete application packets must include the following and are due by **April 10, 2026**.

- Completed CQCH Foundation Scholarship Application form. Unofficial copy of high school or college transcript(s).
- Letter of Recommendation from a counselor, instructor, or medical professional.
- Personal Statement describing your future plans and how this scholarship will assist you in reaching your goals.
- Proof of acceptance to professional curriculum of accredited school.

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_  
If Applicable

Mailing Address: \_\_\_\_\_  
PO Box/Street City State Zip

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Graduated from: \_\_\_\_\_

Graduation Year \_\_\_\_\_  
Month/Date/Year High School/County/State

Residency for past five years: \_\_\_\_\_  
City/County/State

New Full-Time Student

Current Full-Time Student

I expect to enroll at \_\_\_\_\_ For:  Fall Semester 2026  Spring Semester 2027  
Name & Location of College

Anticipated date of graduation with your Professional Degree: \_\_\_\_\_

Please list the program that you will be enrolled in: \_\_\_\_\_

- Upon receipt of application, the CQCH Foundation will process, and make awards to those deemed most qualified by the Board of Directors. The CQCH Foundation does not discriminate based on gender, race, economic status, ethnicity, sexual orientation, age, disability, or religion.

I certify that the information I have provided is accurate and complete.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return complete application packet to:**

[noshea@cqch.org](mailto:noshea@cqch.org) | CQCH Foundation | 101 Cole Ave., Bisbee, AZ 85603