



**Florida Community
Health Centers, Inc.**

Primary & Specialty Care Since 1976

"Before Birth & Beyond Let Our Family Take Care of Yours"

2024

COMMUNITY SCHOLARSHIP

About FCHC

Since 1976, Florida Community Health Centers, Inc. (FCHC) has been considered a leader in Florida's primary and specialty care services. Our mission is to provide accessible, cost-effective, high-quality, comprehensive health care to all persons in our communities.

Deadline

January 01, 2024

Glades | Hendry | Martin |
Okeechobee | St. Lucie Counties

For More Information :
Communications@fchcinc.org



About Florida Community Health Centers, Inc.

Since 1976, Florida Community Health Centers, Inc. (FCHC) has been considered a leader in Florida's primary and specialty care services. Our mission is to provide accessible, cost-effective, high-quality, comprehensive health care to all persons in our communities.

FCHC has service delivery sites in the cities of Clewiston, Fort Pierce, Indiantown, Moore Haven, Okeechobee, Pahokee, Port St. Lucie, Stuart, Belle Glade, and West Palm Beach along with FCHC's Corporate Office which remains centrally located in West Palm Beach, Florida.

Florida Community Health Centers, Inc. provides the following services to our community: Pediatrics, Adult Primary Care, OB/GYN Care, Women's Health, Dental, Behavioral Health, Pharmacy, Infectious disease, Chiropractic Services, Care Management, Health Benefits Coordination, and more. FCHC has been providing OB/GYN services since 2002 and is the largest community-based provider of Obstetrics & Women's Health services on the Treasure Coast.

The **Mission** of Florida Community Health Centers, Inc. (FCHC) is to provide accessible, cost-effective, high-quality, comprehensive health care to all persons in our communities.

The **Vision** of Florida Community Health Centers, Inc. (FCHC) is to maintain strong leadership in, and advocate for, the provision of health care services. FCHC will foster and promote collaborative relationships and will develop partnerships with local, state, and federal public health service agencies and the community in general, to enhance the quality of delivery systems for comprehensive health care. FCHC will be an employer of choice and will demonstrate excellence with a highly trained staff and governing board.

FCHC **values** Integrity, Compassion, Commitment to serving others (external and internal to the organization), Innovation, Effectiveness (cost and outcome), Efficiency, being Mission-driven, and Commitment to excellence.



2024 Community Scholarship Guidelines & Application

The FCHC Community Scholarship individual maximum award is **\$500**. FCHC will award fifteen(15) scholarships, representing each of their community health centers, in the six counties the organization serves.

NOTE: Scholarship funds will be awarded to the recipients after the review process.

Eligibility is open to all students, however, students who meet the following criteria hold priority:

1. Applicants who are an FCHC Patient and a graduating high school senior in 2024
2. An applicant who is a child of an FCHC Employee and a graduating high school senior in 2024
3. An applicant with Migrant Agricultural Worker status
4. An applicant who is planning to enter the Medical Field or Healthcare Arena

General Instructions

1. **THE DEADLINE** for scholarship applications is **January 01, 2024** (no exceptions).
2. Refer to the application process below for a list of the supporting documents needed, **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 and print legibly. Illegible applications will not be considered.
5. You will be notified via email by **February 19, 2024**, regarding the status of your application.
6. If you have any questions about the application, please email Communications@fchcinc.org

Application Process:

Applicant must submit the following items:

1. Completed application form (if handwritten, please print legibly)
2. (Optional) Cover Letter of application addressed to the Scholarship Committee. The letter should contain a brief explanation about yourself and your future plans (college/university, intended major, and anticipated start date). The letter should not exceed one (1) page.
3. Personal Essay: **“Why should you be awarded the FCHC Community Scholarship?”** (No more than 500 words, typed, double-spaced, and 12 pt / Time New Roman font.)



2024 Community Scholarship Submission

Deadline for the application is **Monday, January 01, 2024**
Applications postmarked after this date will not be considered.

Please mail OR submit application electronically via email:
Electronic application preferred.



Crystal Vazquez
5827 Corporate Way
West Palm Beach, FL 33407



Communications@fchcinc.org

2024 Community Scholarship Recipients

You will be notified via email by **February 19, 2024** regarding the
status of your application.

Please inform us about the Scholarship Award Ceremonies at your
respective schools. We would love to attend!



Florida Community Health Centers, Inc. (FCHC) Community Scholarship Application 2024

Date of Application:

Please **type** or **print** your answers. Please make sure your application is legible.

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|------|--|-------------|------------|--------------------------------|---|
| 1. | Last Name: | First Name: | | | |
| 2. | Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____ County: _____ | | | | |
| 3. | Name of FCHC Center for your application: | | | | |
| 4. | Cell Phone Number | | | | |
| 5. | Are you a patient of Florida Community Health Centers? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| 6. | If so, provide your DOB (MM,DD) | | | | |
| 7. | Does a parent or guardian of yours work at Florida Community Health Centers? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| 8. | If so, please provide their first and last name: | | | | |
| 9. | Are you a Migrant / Seasonal Agricultural worker? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| 10. | Are you looking to enter the medical field? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| 11. | Current High School | | | Number of years attended: | |
| 12. | I will be attending the following school in the <u>Fall of 2024</u> : _____ | | | | |
| 13.. | I will be entering the above-mentioned school as a: (Check one) Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> | | | | |
| 14. | Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name(s) _____ Street: _____ ZIP: _____ City: _____ State: _____ Contact information of parent(s) or legal guardian(s): _____ | | | | |
| 15. | Name and city of other high schools attended: | | | Number of years attended: | |
| 16. | List the name of any college you have attended. | Year Began | Year Ended | Year Graduated (If applicable) | Type of Degree Received (If applicable) |
| | A. | | | | |
| | B. | | | | |

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|-----------|---|--|--|--|--|
| C. | | | | | |
| 17. | What specialty/major do you plan to pursue as you continue your education? | | | | |
| 18. | List expenses you expect to incur per semester or quarter: (Approximate figures acceptable) | | | | |
| Comments: | | | | | |
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|-----------|--|------------|---------------------------|--|--|
| 19. | List other financial assistance you will receive per semester or quarter: (Other financial assistance will not affect your scholarship eligibility.) | | | | |
| A. | Personal: | Amount: \$ | | | |
| B. | Other Scholarship(s): | Amount: \$ | List below under comments | | |
| C. | Grants: | Amount: \$ | List below under comments | | |
| C. | Student Loan(s): | Amount: \$ | List below under comments | | |
| D. | Other Financial Resources: | Amount: \$ | List below under comments | | |
| Comments: | | | | | |
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You may use extra paper to add any additional information to the next set of questions.

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| 20. | List your academic honors, awards and membership activities while in high school: |
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|-----|---|
| 21. | List your academic honors, awards and membership activities while in high school: |
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| 22. Personal Essay |
| Please answer the following: Why should you be awarded the FCHC Community Scholarship? |
| The essay must be no more than 500 words, typed, double-spaced, and 12 pt / Time New Roman font. |
| Please ensure your essay contains no grammatical errors. |
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|-----|--|-----------------------------|--|
| 23. | <p>A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.</p> <p>B. Your application will not be considered if these items are not attached to this application. (No exceptions, unless marked OPTIONAL)</p> <p>C. Circle "YES" or "NO" to be sure you have attached each item as required.</p> | | |
| | <input type="radio"/> YES | <input type="radio"/> NO | Completed application. All questions are answered completely. |
| | <input type="radio"/> YES | <input type="radio"/> NO | (OPTIONAL) Letter to Scholarship Committee. Not exceeding one (1) page. Must be typed. |
| | <input type="radio"/> YES | <input type="radio"/> NO | Personal Essay. The essay must be no more than 500 words, typed, double-spaced, and 12 pt / Time New Roman font. Please ensure your essay contains no grammatical errors. |

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the 2024 Florida Community Health Centers, Inc. 2024 Community Scholarship Program.

Signature of scholarship applicant: _____

Date: _____

Signature of applicant's guardian/ parent: _____

Date: _____



“Education is the most powerful weapon which you can use to change the world.”
— **Nelson Mandela**