



PIONEER PACIFIC COLLEGE

2019 High School Scholarship Application

DEADLINE: May 1st, 2019

PERSONAL INFORMATION

Date: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Mailing Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-Mail: _____

Date of Birth: Month: _____ Day: _____ Year: _____

PARENT/GUARDIAN INFORMATION

Parent(s)/Guardian(s) Name: _____

Parent/Guardian (s) Phone: (_____) _____

Parent(s) E-Mail: _____

ACADEMIC & EDUCATIONAL INFORMATION

High School: _____ City: _____ State: _____

High School Counselor Name: _____

Expected Graduation Date: ____/____/____ Current Cumulative GPA: _____

EXTRACURRICULAR ACTIVITIES

Hobbies, Personal Interests, Activities Etc. _____

School Activities, Clubs, Sports, Organizations Etc. _____

Community Involvement, Volunteer Work, Etc. _____



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PROGRAM SELECTION

Please check the program that you wish to apply for: *You may check only one program of study*

Certificate Programs:

- EKG & Phlebotomy Technician
- Limited X-Ray
- Medical Transcription

Associate of Applied Science Degrees:

- Healthcare Administration
- Radiologic Technology

Bachelor of Science Degrees:

- Management
- Healthcare Administration

Diploma Programs:

- Medical Assisting
- Medical Assisting/Limited X-Ray
- Medical Billing
- Practical Nursing

Associate of Occupational Science Degrees:

- Medical Assisting
- Medical Assisting/Limited X-Ray
- Medical Coding
- Medical Office Administration

CAMPUS LOCATION PREFERRED

Please note: Not all programs are offered at all locations

- Beaverton
- Eugene/Springfield
- Wilsonville

STATEMENT OF ACCURACY SIGNATURE

I 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 Pioneer Pacific College High School Scholarship Program.

I understand that if chosen as a scholarship winner, according to the Pioneer Pacific College Scholarship policy as stated in the college catalog; I must meet all acceptance requirements and begin my selected program no later than September 23, 2019. I must maintain all grade and attendance requirements in order receive scholarship funds. I acknowledge and agree to all of the high school scholarship requirements as stated in the Pioneer Pacific College catalogue.

Signature of scholarship applicant: _____ **Date:** _____