

## SCHOLARSHIP PROGRAM

St. Joseph's Medical Center / St. Joseph's Foundation of San Joaquin will award several merit-based scholarships to students currently enrolled in a healthcare program, and who will complete their first year in the program by June 2026.

Any awarded funds will be sent directly to the educational institution for tuition and/or books in late summer. **If you are graduating in the summer or fall of 2026, we ask that you do not apply.**

*\*\*Monetary awards will be released to educational institutions once St. Joseph's Foundation has received a written thank you from the recipient. (More information will be provided if you are selected.)*

### Criteria for Application:

- Resident of San Joaquin preferred; adjacent counties considered on a case-by-case basis
- Program offered by approved institution in healthcare field
- Two letters of recommendation from current instructors or supervisors, or a combination of both
- Applicants must demonstrate success in current healthcare career course of study (i.e., first year of healthcare career courses), and consistently exhibit excellence in theory and clinical application
- Applicant **MUST** include the following information with application - School name, student ID# and financial advisor's name and phone number
- Application forms are available in the Human Resource Department at St. Joseph's Medical Center, on the St. Joseph's website [supportstjosephshospital.org/what-we-support/education](http://supportstjosephshospital.org/what-we-support/education), or can be requested by contacting Der Yang in the Foundation at (209) 467-6386.

Applications, transcripts, recommendations, written statement, and school financial aid information will start being accepted on February 1, 2026 and must be submitted by **August 1, 2026** to:

#### *In Person or Mail to:*

Der Yang, Philanthropy Manager, Annual Gifts  
St. Joseph's Foundation of San Joaquin  
1800 N. California Street  
Stockton, CA 95204  
(209) 467-6386

**ST. JOSEPH'S MEDICAL CENTER / ST. JOSEPH'S FOUNDATION OF SAN JOAQUIN**  
**SCHOLARSHIP APPLICATION**  
*Academic Year 2026 - 2027*

**INSTRUCTIONS:**

- You must use our application form.
- Please **submit this application** signed along with:
  - Two current, dated references (within the last year)
  - Certified and sealed school transcripts Mailed to SJFSJ Scholarships, 1800 N. California Street, Stockton, CA 95204.
  - A one-page statement written statement on how your selected scholarship(s) will help you achieve your career goals and educational goals.
- Deadline: **August 1st, 2026**
- All communications will be via email from *sjfsj@commonspirit.org*

**PERSONAL INFORMATION:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

First	Middle	Last
Home Number	Cell Number	E-mail address

Address: \_\_\_\_\_  
 Number and Street or P. O. Box

City	County	State	Zip
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**SCHOLARSHIPS APPLYING TO:**

*Check all that apply. Applicants can be awarded multiple scholarships.*

( ) Dr. Anitra Williams HOPE Scholarship	( ) Quitasol-Sison Memorial Scholarship
( ) Barbara Kane Memorial Scholarship	( ) Rae Gamboni Charos Nursing Scholarship
( ) Eliza Tanner Memorial Scholarship	( ) Richards-Collier Family Nursing Scholarship
( ) Gusman-Langston Family Nursing Scholarship	( ) Sister Gabriel Scholarship
( ) Loraine Margie Gamboni Memorial Scholarship: a Legacy of Caring	( ) St. Joseph's Nurses Society Scholarship
( ) Mended Hearts Big Valley Chapter 40 Scholarship	( ) "Welcome Home!" Scholarship

**EDUCATION:**

1. Check your current educational / college progress:

a.  1<sup>st</sup> year    2<sup>nd</sup> year    3<sup>rd</sup> year    4<sup>th</sup> year    Other \_\_\_\_\_

2. No. of credits \_\_\_\_\_

3. Health career interest:

Major/Subject:

\_\_\_\_\_

\_\_\_\_\_

**Current Academic Objective:**

1.  A.A. degree

3.  Master's degree

5.  Certification

2.  Bachelor's degree

4.  Licensure

6.  Other (specify) \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

School Name & Address: \_\_\_\_\_

Student ID # \_\_\_\_\_ Advisor name: \_\_\_\_\_

Advisor phone: \_\_\_\_\_

**PROFESSIONAL OBJECTIVE:**

Please attach a short, one page statement sharing why you are entering / entered the healthcare profession and your career plans. Describe how this scholarship will help you achieve your career goals.

**EMPLOYMENT:**

Are you currently employed by St. Joseph's Medical Center?  Yes    No

If Yes, please provide start date: \_\_\_\_\_ Location/Unit \_\_\_\_\_

If No, please provide current employer: \_\_\_\_\_

Full Time \_\_\_\_\_(hours/week)    Part Time \_\_\_\_\_(hours/week)

Have you been awarded any scholarships/forgivable loans?  Yes    No

If yes, please list who and amounts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you using any tuition reimbursement programs offered by Dignity Health/Common Spirit/ SJMC?

Yes    No

Are you now or have you been a volunteer at St. Joseph's Medical Center?  Yes    No

If Yes, please provide dates of service: \_\_\_\_\_

**RELEASE OF GRADES AND OTHER INFORMATION:**

All students/applicants will provide transcripts, two current letters of recommendation and sign below:

I hereby certify that, to the best of my knowledge, all of the information on this form and any forms attached to it are complete and accurate.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date