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# Medical Advancement Scholarship



## WHAT YOU NEED TO KNOW



### The Award

Foothill Impact Foundation is dedicated towards helping schools and hospitals with all their financial needs. We also continue to seek opportunities to recognize healthcare workers who are pursuing their next steps in the healthcare field. This year we will be awarding a scholarship up to \$3,000 to a select member looking to advance their career in the healthcare field. If chosen, the award will be paid directly to the recipient(s).



### Eligibility

- Be a resident of Southern California.
- Be pursuing coursework, a certificate, credential, undergraduate degree, graduate degree, or other educational program that advances their career in the field of healthcare.
- Be enrolled in or planning to attend an accredited college, university, or educational program. Eligible applicants may attend school anywhere; attendance is not limited to Southern California.



### Application

The Medical Advancement Scholarship application consists of:

- Short answer questions of 150 words or less.
- Letters of support from a supervisor or professional colleague typed on company letterhead.
- Letters of support can be emailed to Foothill Credit Union at [impactfoundation@foothillcu.org](mailto:impactfoundation@foothillcu.org) or mailed to Foothill Credit Union at P.O. Box 660130, Arcadia CA 91066-0130, attention Foothill Impact Foundation.
- Activities and Recognitions
- Document showing information about the certificate, accreditation or training you plan to achieve.
- All parts of the application may be typed on a separate sheet of paper, if desired. All required information must be included (see forms for details). PLEASE DO NOT STAPLE.
- NOTE: Please mail or email your application and all your forms in at one time. Foothill Impact Foundation will add your letters of support from your supervisor or professional colleague to your scholarship packet once they are received.



### Scholarship Committee

Applications are judged by a group comprised of Foothill Credit Union employees and Foothill Impact Foundation Board members. All decisions are final. The Scholarship Committee cannot provide any information on the status of the applications. Please do not call.



### Important Dates

- Completed applications must be received no later than October 16, 2026.
- Only chosen scholarship recipients will be notified by October 30, 2026.

# Application Form

## Personal Information

Full Name:

Scholarship Amount Requested  Foothill Saving Acct #:

Address:

City, State, Zip Code:

Phone Number:  E-Mail:

## Educational Information

Name of desired program:

Skills the program will provide:

Education relevant to current career status:

1.

2.

## Work Experience

Current and Previous Employers (in chronological order):

1.  Position:  Dates of Employment:

2.  Position:  Dates of Employment:

## Application Agreement

I certify the information within this application is true, complete and accurate. I also authorize the release of this information to confirm and/or verify this application. Upon notification of receiving an Advancement Scholarship, I authorize the use of my name and photograph in press releases and other communication materials.

Applicant's Signature  Date:

Please complete this form and attach it to your short answer questions, sealed letters of support, activity and awards sheet, and desired program (no staples please).

E-mail submissions to [impactfoundation@foothillcu.org](mailto:impactfoundation@foothillcu.org) will be accepted. Paper submissions can be mailed or dropped off at a Foothill CU Branch.

Your application MUST BE RECEIVED no later than October 16, 2026.

Incomplete applications and applications received after this date, regardless of postmark, will be disqualified!

For more information, email [impactfoundation@foothillcu.org](mailto:impactfoundation@foothillcu.org)

Carefully read and follow directions. Verify your application with the checklist on the back before returning.

(All applicants will receive consideration for a scholarship without regard to sex, race, color, national origin or ancestry, religion, age, handicap, financial need or marital status.)

## Activity Sheet

| Activities/Honors/Recognition | Explanation |
|-------------------------------|-------------|
|                               |             |
|                               |             |
|                               |             |
|                               |             |
|                               |             |
|                               |             |
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|                               |             |

## Short Answer Questions



Your short answer questions should be compelling, thoughtful, genuine and thorough responses. You may use a separate sheet of paper; be sure to include your name and signature on your answer page.

Applicant Questions: Answer 2 short questions (150 words or less for each question)

- Why are you motivated to advance your career in the medical field?
- What do you hope to accomplish with this scholarship?

## Checklist

### Did you include the following?

- ☐ Completed application form
- ☐ Letter of Support and signature
- ☐ Activities and Recognition
- ☐ Document showing program/certificate/training information

## Not a Foothill Member?

The Foothill Impact Foundation was established by Foothill Credit Union to expand our commitment to the communities we serve. Through scholarships, classroom improvement grants, financial education, and community initiatives, the Foundation helps create meaningful opportunities that make a lasting impact. When you become a Foothill member, you're joining a credit union that believes in giving back and investing in the people and neighborhoods we call home. If you're not yet a member, we'd love to welcome you to the Foothill family.

### How to apply for membership:

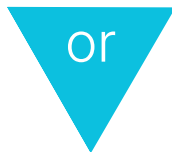
1. Visit [www.foothillcu.org](http://www.foothillcu.org) to start your online application.
2. Establish a share savings account:
3. Each member is required to establish at least a \$5 Share Savings Account. This represents your part ownership in the credit union. This share is insured by the NCUA (a U.S. government agency), may earn dividends, and is refundable if you ever close your account with Foothill Credit Union.
4. Take advantage of these convenient services:
  - FREE Checking Account
  - FREE Online Banking with Bill Pay Service
  - FREE Debit Card
  - FREE Mobile & App Banking
  - First Time Auto Buyer Loan
  - Platinum Rewards MasterCard® \*
  - Financial Education
  - Investment Products of All Types
  - Discount Theme Park Tickets
  - And much more!

For more information regarding Foothill membership, visit us online at [www.foothillcu.org](http://www.foothillcu.org) or call us at 626-574-6255.

\*Certain age/income restrictions may apply. Ask a credit union representative for details.

## Submission Instructions

Mail all requested forms to:  
Foothill Credit Union  
Attn: Foothill Impact Foundation  
P.O. Box 660130  
Arcadia, CA, 91066-0130



Drop off at any of our branches:

- Arcadia Branch, 1 E. Foothill Boulevard
- Covina Branch, 928 N. Citrus Avenue
- Glendora Branch, 645 S. Lone Hill Avenue
- Upland Branch, 1365 E. 19th Street, Unit F

Email your complete application packet to: [impactfoundation@foothillcu.org](mailto:impactfoundation@foothillcu.org)

**Foothill Impact Foundation is not responsible for lost applications or missing pages. Applications and accompanying pages become property of Foothill Impact Foundation after submission to the credit union.**

**Completed applications MUST BE RECEIVED no later than October 16, 2026!**

