



ocapica

SPT Scholarship

Application

## Background

Sora Park Tanjasiri, professor of health science at California State University, Fullerton was named a "2013 Champion of Health Professions Diversity" by The California Wellness Foundation (TCWF) for guiding "Asian Americans and Pacific Islanders, to become health professionals in order to address health disparities documented by her extensive research." As part of her honor, Tanjasiri received a \$25,000 award and donated \$10,000 of it to OCAPICA to go towards recognizing Pacific Islander students pursuing degrees in Health Science, Public Health, or other Health related fields.

## Eligibility Requirements

Pacific Islander undergraduate and graduate students who attend a two or four year institution that offers accredited, post-secondary instruction located in LA County, Orange County, and San Diego County may apply. Low-income students and those who are of the first generation in their family to attend college are encouraged to apply.

## Mandatory Program Requirements

- Must be a current undergraduate or graduate student attending a two or four year institution that is an accredited, post-secondary institution.
- **Must be pursuing a degree in the field of Health Science, Public Health, or other Health related field.**
- Scholarship funds must be used for education related materials
- Must attend OCAPICA's Taste of Pacific on May 1, 2016 (Upon acceptance)
- Must attend Scholars Celebration Banquet on May 13, 2016 (Upon acceptance)

Interested student must submit a complete application and the required documentation according to the designated deadlines. Please see second page for APPLICATION DEADLINES/DUE DATES & Follow up.

**If you have any questions or concerns, please contact:**

**OCAPICA Youth Education Team**  
**Email:** [ocapicascholar@gmail.com](mailto:ocapicascholar@gmail.com)

**Applications Requirements Completion Checklist****PART 1:**

- Application
- Linked-In Profile
  1. List your Linked-In Profile URL on your Application under Social Media and Technology
- Unofficial Transcript
  1. If overall/cumulative GPA is less than 2.5 you must complete a GPA statement (directions below)
- GPA Verification (must maintain a minimum of a 2.0 GPA) (unofficial transcript accepted)
- Copy of Full FAFSA/SAR Report or Dream Act SAR Report
  1. If your EFC is not **zero**, you must complete an EFC Statement (directions below)

**GPA Statement Instructions:** Please write 3-4 sentences max, stating the reasoning for why your overall/cumulative GPA is less than a 2.5

**EFC Statement Instructions:** The EFC (Estimated Family Contribution) can be found on the first page of your FAFSA SAR or Dream Act SAR Report, in the top right section. If the number is above zero, please write 3-4 sentences max, stating your reasoning as to why you will need extra assistance from our scholarship funds to support your college education.

**PART 2:**

The following questions must be answered using (1) on the two format options below. All three questions must be completely answered.

**Questions:**

1. What will you do to give back and support your community?
2. What are the challenges that you see in the API community (Health) specifically? And what ways do you suggest we address that?
3. In receiving this scholarship, and working on a degree in health . What will you do to address these issues? Career goal?

**Format Option #1: Write Essay**

1. 12 pt Times New Roman, Double Spaced
2. Each question must be answered in 500 words or less

**Format Option #2: Video**

1. Video must be 5 minutes or less

**Application Submission Instructions:** Online submissions must be scanned and emailed in PDF format. Please email your application and all required documents to **ocapicascholar@gmail.com**

INTERNAL OFFICE USE ONLY

All information is kept confidential

Date Received:

Date Contacted:

Status:  Approved  Denied

ocapica

## Sora Park Tanjasiri Scholarship

## Application

Please Print clearly in Blue or Black ink

### General Information

Name: **First****Middle****Last**

Street Address:

Apt. #:

City:

State:

Zip:

Home Telephone: (    )

Cell phone: (    )

Email:

Gender:

Age:

Date of Birth:

### Birth Information

City of Birth:

State:

County:

Country:

Heritage/Ethnic Identity:

### Parents' Country of Birth

Mother:

Father:

Mother's Level of Education: High School College Grad School

Father's Level of Education: High School College Grad School

### Student School Information

High School:

Graduation Year:

College:

Graduation Year:

Are you the first in your family to go to college (first generation college student)? Yes / No

(Please circle either YES or NO)

Overall/Cumulative GPA:

## Social Media and Technology

Facebook Username:

Do you have access to Internet at home? Yes      No

Linked-In Profile:

## Student Acknowledgment of Scholarship Requirements

If I am selected to be a part of the program, I understand that I am required to...

- Attend OCAPICA's Taste of the Pacific on May 1, 2016 (Upon acceptance)
- Attend OCAPICA Youth Education Awards Ceremony on May 13, 2016 (Upon acceptance)
- Use the scholarship funds in the pursuit of higher education.

I understand that, should I not attend these events or if I am found using the scholarship for other than what it is intended, OCAPICA reserves the right to request the funds be returned and scholarship privileges will be revoked.

**Signature**

**Date:**

## Parent Permission

As a parent/guardian of \_\_\_\_\_, I acknowledge the extent to which my student is required to participate in this program and will do my best to provide them the support necessary. I understand that the scholarship my student receives is only to be used for purposes related to their academic pursuit. I understand that submitting this application does not guarantee my student acceptance to the program.

**Signature**

**Date:**

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**Scholarship Terms and Conditions**

The SPT Scholarship will award scholarships in the amount of \_\_\_\_\_ to current Pacific Islander undergraduate and graduate students to offset the costs of education for the 2016-2017 school year. Scholarship recipients must be enrolled in an accredited institution of their selection by the Fall 2016 and must be pursuing a degree in the field of Health Science, Public Health, or other Health related field.

Scholarship funds not claimed in the academic year will revert back to the OCAPICA. OCAPICA will disburse all scholarship monies directly to the school, not to the student. Scholarship funds will be applied towards tuition, fees, and other cost associated with attending an institution of higher learning.

As a part of the SPT Allied Health Scholarship, I understand and agree to the terms outlined above. I understand that participation of any event in relation to the program is mandatory and expected that I attend. By signing below, I agree to fully participate and commit to the Orange County Asian and Pacific Islander Community Alliance (OCAPICA) Scholars Programs.

**Signature of Applicant (in ink)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Applicant (please print)** \_\_\_\_\_

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# Photograph Release Form

This agreement is made between the Orange County Asian and Pacific Islander Community Alliance (OCAPICA), with offices at 12900 Garden Grove Blvd., Suite 214A Garden Grove, CA 92843 and \_\_\_\_\_

Please print participant/child's name above

I hereby grant permission for OCAPICA to use photographs for use in any and all media and methods of transmission and/or distribution now or hereafter known, including but not limited to film, print, video, computer, Worldwide Web, Internet Website, Email, FTP, computer network, and digital reproduction and distribution, for illustration, art promotion, advertising, trade, sales, or any other purpose whatsoever.

I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to organization or unknown, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur in relation to the finished product.

I hereby agree to hold harmless OCAPICA from and against any claims, and waive any right to royalties or other compensation arising from or related to the use of the photographs.

### PERMISSION GRANTED FOR THE USE REQUESTED ABOVE:

\_\_\_\_\_  
**[Signature]**

\_\_\_\_\_  
**[Name]**

\_\_\_\_\_  
**[Date]**

*INTERNAL OFFICE USE ONLY* *All information is kept confidential*