



In honor of CalOptima's 20th anniversary, the CalOptima Employee Activities Committee is pleased to offer this scholarship opportunity to reflect our commitment to Orange County's children. We welcome entries from students pursuing careers in health care or social services. High school seniors and future or current college students may apply. Scholarships will be awarded to three students.

Scholarship amounts:

\$1,000 scholarship to the first place essay

\$750 scholarship to the second place essay

\$500 scholarship to the third place essay

The first place essay will also be entered into the Association for Community Affiliated Plans (ACAP) national scholarship program for the opportunity to win an additional \$2,000.

To be eligible, the applicant must:

- Be a current CalOptima member or live with an immediate family member who is a CalOptima member. Children of CalOptima employees are not eligible.
- Be enrolled or in the process of applying to an accredited university, college, technical or vocational school, and enrolled by December 31, 2016.
- Demonstrate the intent to pursue a career in health care or social services.

The deadline to submit this application is Friday, April 29, 2016.

When you have finished filling out this application, please send it to CalOptima:

CalOptima
Attn: Scholarship Committee
505 City Parkway West
Orange, CA 92868

Or, bring it to the Customer Service department at CalOptima's offices located at 505 City Parkway West, Orange, CA 92868. If you have any questions, please call 714-246-8729.

Please complete the following information:

| | |
|----------------|--|
| First Name: | |
| Last Name: | |
| Address: | |
| City: | |
| State: | |
| ZIP Code: | |
| Email Address: | |

Are you a current CalOptima member?

| | |
|---|---|
| <input type="checkbox"/> Yes | Please enter CIN number: |
| <input type="checkbox"/> No (I live with an immediate family member who is a CalOptima member.) | Please enter their name and CIN number: |

Education Information:

| | |
|--|---|
| High School/Year of Graduation: | |
| College/Year of Graduation: | |
| If you are in college, what is your major? | |
| My current GPA is: | |
| Will you be able to provide proof of enrollment and a transcript from your school if you are selected? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please share the status of your higher education enrollment at an accredited university, college, technical or vocational school:

| | |
|--|--|
| <input type="checkbox"/> I am currently enrolled at: | |
| <input type="checkbox"/> I am enrolling at: | |

List any academic honors or awards you have received:

List any community-related activities or hobbies that you have been involved in through school, church or external organizations:

Essay Question 1: How have you benefited from the medical care, services and/or supports that have been provided by CalOptima?

[250 words or less]

Essay Question 2: How will your current or future studies further your career in the health care and/or social services field?

[250 words or less]

Essay Question 3: Why are you a good candidate to receive this award?

[250 words or less]

The Scholarship Essay Contest will be funded solely through fundraising activities conducted by the CalOptima Employee Activities Committee. No public money will be used. Scholarship monies will be sent directly to the higher education institution of the awardee's choice to be applied to tuition costs.