



## Scholarship Application

[ Minimum Eligibility Requirement – 3.0 GPA ]

The Dr. Prem Reddy Family Foundation Scholarship Program was created to reward students who have achieved academic excellence while being involved in school and community services. The program is open to all High Desert residents who are enrolled in an accredited program leading to a healthcare or medical related career. Applicant must meet all requirements as listed in the scholarship application. If you are a recent high school graduate, you must provide proof of college acceptance or proof of intention. Scholarship recipients may be given a 30-day grace period to provide an acceptance letter or proof of intention if one is not available at the time of submission. The Dr. Prem Reddy Family Foundation has awarded over \$1.4 million to qualified students since 1994.

### SUBMISSION DEADLINE

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Please complete and submit your application and all supporting documents by **Friday, April 21, 2023.**

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### QUESTIONS?

Contact Andrea Bell at **760-381-8913** or [scholarships@ReddyFamilyFoundation.org](mailto:scholarships@ReddyFamilyFoundation.org)



**Dr. Prem Reddy  
Family Foundation**

Scholarship Program

## PERSONAL INFORMATION

Last Name

First Name

MI

Date of Birth

Last Four Digits of Social Security #

Address

Home Phone

Cell Phone

Email

## ACADEMIC INFORMATION

Academic Major

School ID # (if applicable)

Career Goal

High School or College Attended (attach transcripts)

Fall 2022 GPA

Winter 2022 GPA

Address

College Accepted or Attending

Mailing Address of College

### PLEASE NOTE

Funds will be made payable and mailed to the academic institution and earmarked for the student. At no time will any funds be given directly to the student.



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## COMMUNITY SERVICE AND/OR EXTRA CURRICULAR ACTIVITIES

Location and Type of Work

Supervisor/Director Name

Phone

Permission to Contact (please initial)    Number of Hours Worked    Volunteer Dates

Location and Type of Work

Supervisor/Director Name

Phone

Permission to Contact (please initial)    Number of Hours Worked    Volunteer Dates

Location and Type of Work

Supervisor Name

Phone

Permission to Contact (please initial)    Number of Hours Worked    Volunteer Dates

Location and Type of Work

Supervisor Name

Phone

Permission to Contact (please initial)    Number of Hours Worked    Volunteer Dates

Have you ever volunteered at Desert Valley Hospital?    Yes    No

Are you an employee at Desert Valley Hospital?    Yes    No

If YES, please include service detail letter from the Volunteer department or department director.



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## REQUIRED DOCUMENTS

**Please attach the following documents to this application in order to be considered:**

200 words or less - **Your Biography:** This bio should include your unique background, financial hardship and accomplishments. If you are a student, please add your degree and institution. Describe briefly your field of study. Please describe any clubs in which you participate or relevant honors which you have been awarded; work experiences; leadership experiences, and community outreach you have performed. Please also describe your expected career path.

1,000 words or less - **Your Personal Essay:** Share your personal story in a captivating way. This essay should also include your educational plans and career goals. Include why you believe you deserve this scholarship. Paint a picture of your beginnings, your inspiration, your perseverance. Let your personality and life experiences shine through which gives you the opportunity to stand out from other applicants.

One reference letter from someone in the field of your major, i.e, an instructor

Copy of most recent IRS tax return (Form 1040, page 1 and 2)

Most recent high school/college transcript (Fall 2022, Winter 2022)

Email a portrait photo (JPG or PNG format will be accepted) [Examples](#) →



2-3 **personal** quotes of inspiration

**Examples:**

- *“I am inspired to care for those who are sick because of the memorable experiences I had with the nurses who also tended to me when I struggled with my own medical conditions.”*
- *“I have ambitions of helping to bring hope and education to those who are underserved by making sure that mental healthcare is no longer shameful.”*



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**PLEASE SUBMIT YOUR APPLICATION TO:**

**MAIL:**

Dr. Prem Reddy Family Foundation  
Attention: Scholarship Program  
16850 Bear Valley Road, Suite 200  
Victorville, CA 92395

OR

**EMAIL:**

Andrea Bell at  
scholarships@ReddyFamilyFoundation.org

**All information submitted in support of this application is true and complete, and if requested, I will provide additional information. Failure to provide additional requested documents may delay or result in disqualification of this award. I also understand that:**

- All applications must be filled out completely to be considered for review
- All applications will be kept confidential
- All applicants will be notified in writing in May 2023

**Photo and Personal Quote Authorization**

- I authorize the Dr. Prem Reddy Family Foundation to use my photo and personal quote for the scholarship program

**SIGNATURE**

**DATE**



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