Anita de la Vega Scholarship Fund
2027 High School Senior Application and Conditions Form

About the Scholarship Fund: Family HealthCare Network (FHCN) is a private nonprofit organization offering primary and specialty care services with over 50 locations serving Tulare, Kings, Kern, and Fresno Counties. Founded in 1976, FHCN has grown into the largest primary care provider in the South Valley. In 2009, FHCN established the Anita de la Vega Scholarship Fund in honor of Anita de la Vega, a clinician who had a long-lasting impact on the organization because of her dedication to serving the underserved and her strong encouragement for higher education. Her clinical career in Tulare County spanned three decades, during which time she was respected for her tenacity, mentorship, work ethic, and commitment to community service. Anita felt it was a privilege to practice medicine in underserved communities, but that it was a responsibility to advocate for them. Her exemplary professionalism and community service continues to be an inspiration for being a voice for the underserved and for the improvement of our communities' health.

About the Award: A scholarship, sponsored by Family HealthCare Network's Anita de la Vega Scholarship Fund, is available to deserving high school students from the Tulare, Kings, Kern, and Fresno Counties.

Eligibility: To be eligible, qualified applicants must meet the following criteria:

1. First generation college student preferred
2. High school senior attending a public school in Tulare, Kings, Kern, or Fresno County
3. Cumulative grade point average of 2.50 or better
4. Involvement in community service
5. Pursuing a career in health or community health

Award Conditions:

1. The Anita de la Vega Scholarship Fund requests that the scholarship opportunity be shared with eligible students. High School Seniors fitting the eligibility criteria are invited to apply.

2. Applicants must complete an application provided by the Anita de la Vega Scholarship Fund. Applications are also available at fhcn.org/anita-fund. The application window opens on February 1, 2027. **Application deadline is no later than 5:00 pm Tuesday, March 16, 2027.** Applications must be mailed in or hand delivered.

3. The Anita de la Vega Scholarship Fund Committee will make final decisions by April 1, 2027, and will contact the award recipients and their school guidance counselors directly.

4. Scholarships will be distributed to selected students directly. Scholarships will be distributed once the release of funds form and enrollment verification is submitted to the Anita de la Vega Scholarship Fund. This information must be received no later than Friday, October 1, 2027, or the funds will be forfeited back to the Anita de la Vega Scholarship Fund.

5. Selected students shall be willing to have their name listed as a recipient, provide a photograph, and any written materials provided in the application as a promotion for their annual fundraising events.

6. Selected students will be asked to submit a progress report at the end of their first semester or equivalent quarter providing a written statement of how funds have supported their efforts to pursue a career in health or community health.

7. Please call Family HealthCare Network for questions regarding the scholarship or application process at 559-741-4598 or email your questions to scholarships@fhcn.org.

8. Family members and/or children of Anita de la Vega Scholarship Fund Committee Members, and Board Members and Officers of Family HealthCare Network are ineligible to apply.

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Please complete this required form and submit with your application:

Personal Information:

Name: _____
First MI Last

Mailing Address: _____
Street City State Zip

County: (Please Circle) Tulare Kings Kern Fresno Other:_____

Migrant and Seasonal Farm working Family Background? ☐Yes ☐ No **Relationship:** _____

Are you related to a Family HealthCare Network employee or Board Member? ☐Yes ☐ No

If yes, what is the employee or Board Member name? _____

First generation college student? ☐Yes ☐ No

Personal Email: _____ **Phone:** _____

Home Address: _____
Street City State Zip

School Information:

Please attach verification (copy of transcript) of your last Cumulative G.P.A.:

High School: _____ **School District:** _____

High School Address: _____ **H.S. G.P.A.**_____
Street City State Zip Cumulative G.P.A.

School Counselor: _____ **Phone:** _____

College or University Planning to Attend: _____ **Major or Field of Study:** _____

References:

Please attach two required letters of recommendation:

- **One letter from high school (counselor or teacher) knowledgeable about your character.**
- **One letter verifying community involvement from a community organization you have completed community service or volunteered. Letter must be on organization's letterhead.**

Name of Reference in Letter: _____ **Relationship:** _____ **Phone:** _____

Name of Reference in Letter: _____**Relationship:** _____**Phone:** _____

Personal Statement and Photo:

Please attach a typewritten personal statement addressing how your migrant and seasonal farm working background has influenced you to seek a career in health or community health and commit to making a difference in your community. Please attach a recent photo of yourself to the application.

Submission Guidelines:

Please submit your complete application no later than 5:00 pm on Tuesday, March 16, 2027. Submit to: Anita de la Vega Scholarship Fund, 305 E. Center, Visalia, CA 93291. Applications will be accepted by mail or hand delivery. Only complete applications will be accepted. Questions can be sent to scholarships@fhcn.org or you can call 559-741-4598.