Purpose:

The Black Infant Maternal Health Initiative (BIMHI) of Kern County was established to address health disparities in Black infants and mothers. The BIMHI Scholarship was created to provide financial support for Black/African American students in the field of healthcare. Studies have shown an improvement in quality of care and health outcomes for the population if the provider looks like them. This program is designed to assist those Black/African American students participating in healthcare programs and degrees by offering financial assistance to help address educational expenses including, but not limited to, tuition, housing, supplies, and other incidentals.

Application Details:

1. DEADLINE for scholarship application is April 19, 2024 (*no exceptions*).
2. Refer to the criteria below for eligibility requirements.
3. Refer to the application process below for a list of the supporting documents needed (i.e., reference forms, evidence of GPA, etc.) *Incomplete applications will not be considered.*
4. If any question does not apply to you, please put "N/A" in the space.
5. Type or print legibly. *Illegible applications will not be considered.*
6. You will be notified by email, approximately 14 days after the application deadline regarding the status of your application.
7. Submit the application and supporting documents, and/or any questions regarding the application to Karen Coston at costonka@kerncounty.com.
8. Scholarship funds will only be awarded to the student's college, university, or technical school account upon verification of registration.

Criteria:
- Must Identify as Black/African American.
- Must be accepted and enrolled, or currently pursuing a major in the field of healthcare.
- Must be in good academic standing.
- Upon certification/licensure, the scholarship recipient agrees to work in a health-related occupation in Kern County for a minimum of 2 years. Failure to comply will result in the recipient being required to pay back any funds dispersed on their behalf.
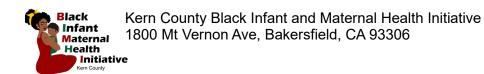
Application Process:

1. Completion of the FAFSA
2. Official transcript (if applicable) and/or class list
3. Two (2) letters of recommendation: (1) personal, (1) academic
4. Written Essay
    a. Not to exceed 1 page, double-spaced, 1in margins, 12 font, Times New Roman
    b. Must include the following:
        i. Why you are pursuing your chosen field of study
        ii. The impact you will have as a healthcare professional in the Black/African American community
        iii. The impact this scholarship will have on you

	Please **type** or **print** your answers. If the application is illegible, it will not be processed.	
1.	Last Name:	First Name:
2.	Mailing Address: Street: _____ City:_____ State:_____ ZIP:_____	
3.	Daytime Telephone Number: ( )	
4.	Date of Birth: Month:_____ Day:_____ Year:_____	
5.	Current School:	Number of years attended:
6.	I will be attending the following school in the <u>Fall/Spring of 2024/2025</u>: _____ *A letter of acceptance or current transcripts from the above school is **required prior to receipt of funds.***	
7.	I will be entering the _____month/year of a _____ month/year _____program. (please specify) Example: I will be entering the <u>2nd</u> month of a <u>3</u>-month <u>nurse assistant</u> program; or I will be entering the <u>2nd</u> year of a <u>2</u> year <u>nursing </u>program	
8.	Grade Point Average (GPA): _____ (or "Passing" for competency-based program) *Proof of GPA or competency with a recent school transcript is required.*	
9.	What is your proposed field of study?	
10.	Is this a certificate or licensure program?	
11.	How much time do you have left in the program?	

A. The following items must be attached to this application for the application to qualify for review by the scholarship committee.

B. Your application will be denied if these items are not attached to this application.

C. Check the box "Y" or "N" to be sure you have attached each item as required.

Y	N	
Y	N	Completion of FAFSA (no attachment required)
Y	N	Two signed (2) letters of recommendation. (Scan and send via email with application)
Y	N	Letter of acceptance or current student transcripts (*Photocopies of your transcript are not acceptable*) scan and send via email with application
Y	N	Personal essay (scan and send via email with application)
Y	N	Complete and signed application (Scan and send via email)

Application Certification

I certify that all information in this application is true and accurate to the best of my knowledge. I authorize BIMHI to release any information submitted as part of this application process to any scholarship selection committees, and I permit BIMHI and/or Kern Community Foundation to verify any information submitted as part of this application. I understand that falsification of information will disqualify my application. I understand that if falsification is discovered after I have been awarded the scholarship, I will be required to repay all funds awarded and administrative fees. I understand that once submitted, my application and all supporting documents become the property of BIMHI and/or Kern Community Foundation. I also understand that my statements, essays, and photographs become the property of BIMHI and/or Kern Community Foundation and may be used for, but not limited to advertising/marketing, program reports, newsletters, and other publications. I understand that if awarded the scholarship, I will be required to submit an additional application through Kern Community Foundation for processing of the funds and that all funds will be distributed directly to the institution listed in my application. I also certify that I must complete and provide the proof of employment form upon obtaining employment in the healthcare occupation of my choosing.

Signature of Applicant: _____ Date:_____