

Prima CARE 
Scholarship Foundation

Name: _____

Address: _____

Telephone: _____

High School Attended: _____

Year of graduation: _____

School/College you will attend in the fall of 2024: _____

City/State: _____

Intended Major or area of study: _____

Parent/Guardian's Occupation: _____ **Where:** _____

List school and community activities, you have participated in:

List Volunteer & Work Experience:

Prima CARE 
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How do you plan to fund your education?

Have you been awarded any other scholarships or financial aid? Please list name and amount:

Summary of your career goals:

Applicant's Signature: _____

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Eligibility:

Students pursuing degrees in a medical related field or a Student whose parents/guardians currently work in a medical related field.

* First preference will be given to students living in Bristol County, MA

Requirements:

Applicants must submit:

Signed, completed application form;

Official transcript from current school (high school or college)

A letter of reference from one of the following:

An academic or work related reference

Only a complete application including all the information listed will be eligible for consideration.

Applications must be received at Prima Care Administration no later than **April 30, 2024**

Submissions should be mailed to:

Prima Care Scholarship Foundation

PO Box1070

Fall River, MA 02722

For more information please call (508) 676-3292