



## **CHCP American Dream Scholarship Application**

Started by physicians at the Texas Medical Center in Houston, The College of Health Care Professions (CHCP) has been educating, graduating and placing students in allied health care careers for over 30 years! CHCP students attain knowledge and proficiency through demonstration, actual operation of equipment, and practice of learned techniques. Our aim is to provide students with the knowledge and technical proficiency that makes them employable for entry-level positions in the allied health care field, while supporting their continued career path goals. CHCP is proud to be accredited by The Accrediting Bureau of Health Education Schools (ABHES).

The College of Health Care Professions offers an academic scholarship of up to \$1,000 to attend CHCP. All those interested in pursuing a career in health care are encouraged to apply.

### **The CHCP American Dream Scholarship Submission Requirements:**

- Applicant must fill out and submit the CHCP American Dream Scholarship Application Form
- Applicant must submit an Essay based on the following:
  - The theme of the essay is: How I plan to use the education I receive from The College of Health Care Professions to achieve my American Dream of a health care career and make a positive difference in the world
  - The essay should be 300-500 words (double spaced) in length. Be sure to include your name at the top of your essay.
- Completed applications must be submitted prior to the term start in which it will be applied.
- Qualified applicants can submit the CHCP American Dream Scholarship Application and Essay by:
  - Email to: [scholarship@chcp.edu](mailto:scholarship@chcp.edu)

### **Additional Information:**

- Notification of award recipient will be made within 7 business days of submission.
- If approved, the CHCP American Dream Scholarship will be applied as a tuition credit per academic year unless the student loses eligibility. Students are responsible for payment of tuition and fees not covered by the CHCP American Dream Scholarship.

**Contact Information**

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Telephone Number:

Email Address:

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**Educational Information**

Have you acquired your high school diploma or GED?  
(yes or no)

If yes, which? (GED or diploma)

High School Diploma received from? (High School Name)

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**Please visit [www.CHCP.edu](http://www.CHCP.edu) for a full listing of programs available by campus.**

Month you plan on beginning your education with CHCP: