HEALTH AND WELLNESS SCHOLARSHIP APPLICATION

(Students entering the Healthcare field)

Please type or print this form completely and return to school by
Include the following:

1. General and family information.
2. Colleges/Schools to which you have applied.
3. School and community activities and achievements.
4. Transcripts.
5. Letters of recommendation. (Optional)
6. **Essay (no more than one page) stating the area of Healthcare or Wellness you are considering And why you decided to pursue this field.**

Section 1: General and family information.

Full Name _____ D.O.B._____

Address_____ Tel.#_____

Work experience (if any)_____

Parent/father/guardian_____
Address_____
Occupation_____

Parent/mother/guardian_____
Address_____
Occupation_____

Total number of persons dependent on parents (include yourself)_____

Section 2: Colleges/Schools to which you have applied.

Applied to:_____
_____

Accepted to:_____
_____

Top 3 choices – 1._____ 2._____ 3._____

Anticipated financial needs (optional)_____

Section 3: School and community activities and achievements.

Include sports, clubs, extracurricular activities, community service and academic awards.

Activity	Years

Don't forget to attach the following:

Section 4: A copy of your most recent transcript.

Section 5: Letters of recommendation {no more than 2} – (Optional)

Section 6: An essay (no more than one page stating the area of Healthcare or Wel[illegible]s You are considering and why you decided to pursue this field.

Completed applications can
handed into Mrs. Webb
NO LATER THAN April 6, 2026