SCHOOL OF HEALTH SCIENCES

 Undergraduate Student Scholarship and Awards Application/Nomination Form

2024 – 2025

Please consider applying for one of the School of Health Sciences Student Scholarships and Awards (*See descriptions, attached*). If you would like to nominate someone else, please modify the questions so they apply to your nominee. Sign your name at the bottom. Please submit your application/nomination at your earliest convenience, but **NO LATER THAN Feb. 5, 2024 11:59 pm**. The application form **must be typed**. Add an additional pages if needed.

Application/Nomination for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­\_\_\_\_\_\_\_\_­­­­­­ scholarship/award

NAME of APPLICANT/NOMINEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEMESTER you are currently in (e.g. 6th):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAJOR: **­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cumulative GPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When do you expect to graduate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your plans after graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ORGANIZATIONS (PROFESSIONAL, CAMPUS, COMMUNITY):

OFFICES HELD:

ACTIVITIES RELATED TO YOUR MAJOR:

OTHER ACTIVITIES, HONORS OR AWARDS (CAMPUS, COMMUNITY, ETC.):

ADDITIONAL COMMENTS (OPTIONAL):

INTERNSHIP EXPERIENCE:

RESEARCH EXPERIENCE (OPTIONAL):

BRIEF STATEMENT: On **an attached separate piece of paper**, please provide a *brief* statement address your academic and professional goals, how this scholarship/award will enhance your undergraduate education, and why you feel deserving of this particular scholarship or award. Also, if you can, give an example of something for which you are particularly proud since being a Health Sciences student (could be major or school- related, or non-school related).

NOMINATOR’S NAME (if nominating someone other than yourself):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_