## **Scholarship Application**



## Welia Health Volunteer - Gift Shop Scholarship

Apply for the Welia Health Volunteer – Gift Shop Scholarship, made available by monies generated from sales in the Welia Health Gift Shop.

Full Name:	Date of Birth:
Address:	
City:	State: Zip:
Resident of O Kanabec County	O Pine County (select one)
High school attended:	Year of graduation:
Your occupation:	Place of employment:
Family monthly income:	
School attending:	
Name and age of children in college	
Name and age of children in college	O College O Living at home
	O College O Living at home
	O College O Living at home O College O Living at home
	O College O Living at home
	O College O Living at home O College O Living at home
	O College O Living at home
	O College O Living at home
	O College O Living at home
	O College O Living at home

Future plans in the healthcare industry	
Community service activities	
Intended healthcare/medical science major	
Schools applied/accepted to and the number of credits	

interest in your intended field of study.	ate, and your reason for
I certify that I am a citizen of the United States, a resident of	County,
State of Minnesota, and that the above statements are true and correct.	
Signature	Date