

# 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  Kanabec County  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 or still living at home

\_\_\_\_\_  College  Living at home

\_\_\_\_\_  College  Living at home

\_\_\_\_\_  College  Living at home

\_\_\_\_\_  College  Living at home

Postgraduate courses attended and dates of attendance

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_____	_____
_____	_____
_____	_____
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Future plans in the healthcare industry

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Community service activities

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Intended healthcare/medical science major

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Schools applied/accepted to and the number of credits

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