

# Scholarship Application

## Welia Health Volunteer Scholarship



Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Resident of  Kanabec County  Pine County (select one)

High school attended: \_\_\_\_\_

Year of graduation: \_\_\_\_\_ GPA (Grade Point Average): \_\_\_\_\_

Gross family monthly income: \_\_\_\_\_

School attending: \_\_\_\_\_

Number of siblings: \_\_\_\_\_ (older **and** in college) \_\_\_\_\_ (younger **and** not in college)

Intended healthcare related major:

\_\_\_\_\_

Schools applied/accepted to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

High school activities, accomplishments, and organizations (during grades 9-12):

\_\_\_\_\_

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\_\_\_\_\_

Community, religious or volunteer activities, accomplishments, and organizations (during grades 9-12):

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Any medical volunteering or experience (during grades 9-12):

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Your plan for the next several years, goals once your major is obtained, and reason for interest in your intended area of study:

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**Please include a copy of your official high school transcript with your application.**

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.

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Signature

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Date