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)

Your occupation: _____ Place of employment: _____

Hours worked per week: _____

Postgraduate courses attended and dates of attendance

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Future plans in the healthcare industry

_____

_____

_____

_____

_____

_____

Community service activities

Intended healthcare/medical science major

Schools applied/accepted to and the number of credits

Briefly describe your plan for the next several years, your goals once you graduate, and your reason for interest in your intended field of study.

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