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): _____

Intended healthcare related major:

_____

Schools applied/accepted to:

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

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.

_____ _____

Signature Date