

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

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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