Austin • Bailey
HEALTH AND WELLNESS FOUNDATION

AUSTIN-BAILEY HEALTH AND WELLNESS FOUNDATION SCHOLARSHIP APPLICATION FORM

PERSONAL INFORMATION:

Name: _____

Home Address: _____

_____

ACADEMIC INFORMATION:

School: _____

Current Class Year: ❒ Sophomore ❒ Junior ❒ Senior ❒ Graduate Student

Course of Study or Major: _____

Expected year of graduation: _____ Cumulative GPA: _____

Expected enrollment status for next semester: Full-time _____ Part-time hrs. _____

EXTRA-CURRICULAR ACTIVITIES: *Please list activities in which you have participated and any awards or honors received.*

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YOUR ASPIRATIONS: *Please tell us why you have chosen to major in a health-related program. Demonstrate or describe financial need or exceptional circumstances and explain how receiving this scholarship will assist you in achieving your goals.*

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RELEASE OF INFORMATION: I authorize the financial Aid Office to exchange financial, academic and other information deemed necessary in determining my eligibility for this scholarship. I agree to allow the Scholarship Committee to verify any and all information with the appropriate campus offices. I also agree to the release of my information for public relations and/or news releases in conjunction with this scholarship. In signing this application, I certify that the information given is complete and correct.

_____

Applicant's Signature *Date*