



# ALLEN SCHOOL OF HEALTH SCIENCES SCHOLARSHIP APPLICATION

The Allen School of Health Sciences is proud to offer institutional scholarship opportunities for students who qualify. *Scholarships can only be submitted for one award to one program at the Allen School of Health Sciences.* This form assists the selection committee in making decisions related to your qualifications for scholarships. Please fill out the entire application. Thank you!

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YY

Tel. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell/Alternate #) \_\_\_\_\_

Scholarship you are applying for  Dream Act Scholarship  Presidential Scholarship  Military Member Scholarship  
 Workforce Scholarship

Name High School Attended \_\_\_\_\_

Required documentation pertinent to the scholarship listed above is attached (High school transcripts, military documents, etc.) Check One  Yes  No

I have completed the Free Application for Federal Student Aid (FAFSA)?  Yes  No

Program Start Date? \_\_\_\_\_

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## Scholarship Application Questions – Please provide enough information for committee to make a decision on your eligibility for a scholarship program.

1. What are your educational and career goals?

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2. Explain your unique story of what this scholarship will mean to you.

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3. How will you utilize your healthcare education to positively impact your community?

Handwritten response area with multiple horizontal lines.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date



**- STOP HERE -  
TO BE COMPLETED BY THE SCHOLARSHIP COMMITTEE**

Is application form completed?

Is correct Scholarship Form signed?

Recommended for the scholarship:  Yes  No

Scholarship Committee Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Recommended for the scholarship:  Yes  No

Scholarship Committee Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Recommended for the scholarship:  Yes  No

Scholarship Committee Member Signature \_\_\_\_\_ Date \_\_\_\_\_