

Royal Oak Woman's Club



404 S. Pleasant St.
Royal Oak, MI 48067

APPLICATION FORM FOR HEALTH RELATED SCHOLARSHIP

This application form is to be completed by qualified students who wish to enter a 4 year Health Related profession.

A certificate of admission to the selected college or university must be obtained by the applicant and sent with this application form to: Royal Oak Woman's Club; Attn: Judy Sullivan, Scholarship Committee; 404 S. Pleasant St.; Royal Oak, MI 48073.

The Scholarship Committee requests a small photograph and requires a transcript of the applicant's academic high school record. Applicant must have a 3.2 GPA or better.

The scholarship of \$1,000 a year is for a 4 year health related curriculum and is renewable bi-yearly. Renewal request application forms will be sent to the approved recipient by the Royal Oak Woman's Club Scholarship Committee. Forms must be returned by date shown on the renewal application form.

Payment for the scholarship is made directly to the college.

Personal Information

Name _____ Phone Number _____

Street Address _____

City _____ State _____ Zip Code _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Number of children living at home _____

Number of brothers/sisters in college _____

Colleges/Universities applied to _____

Indicate Major you intend to pursue _____

What is your long-term goal _____

School activities/church/community organizations you belong to _____

List Awards and Honors received _____

List all jobs held and length of employment _____

Describe in essay form why you feel you should be awarded this Health Related Scholarship.

Applicant's Signature _____

Date _____