## **JULIE BUXA HEALTH SCIENCE SCHOLARSHIP**

## SCHOLARSHIP ELIGIBILITY REQUIREMENTS:

- 1 Interest in a Health Science Career
- 2 College aspirations
- 3 School activities
- 4 Leadership activities
- 5 Community involvement
- 7 financial need
- 8 Grades/GPA
- 9 Include a Personal Letter of application: this is a personal letter that states your strengths, obstacles or any issues you have dealt with in your life that have impacted your career choice/and/or your ability to pursue this career, and information relevant to your career choice.
- 10 Eligible students must have completed a minimum of (1) health science course.

## \*PLEASE EMAIL ALL COMPLETED DOCUMENTS by MARCH 31st\*\* cary.wertz@k12.nd.us

- 1.Completed Application form
- 2. Transcript
- 3. Personal Letter of application (see above instructions)

| Address:  Phone #: High school Name:  List the Grade(s) you completed a Health Science Course:  List the Health Science Course (s) you have completed:  What are your Current Career Goals?  What College/ or Postsecondary Institution do you plan to attend?  Have you been accepted for admission at the above mentioned institution?  Please List School and Community Activities which you have actively participated (Include Years of service and any offices   | *Scholarship \$300.00 award will be announced to the Recipient by April 30 <sup>th</sup> . |  |  |
|--|--|--|--|
| Address:  Phone #:  High school Name:  List the Grade(s) you completed a Health Science Course:  List the Health Science Course (s) you have completed:  What are your Current Career Goals?  What College/ or Postsecondary Institution do you plan to attend?  Have you been accepted for admission at the above mentioned institution?  Please List School and Community Activities which you have actively participated (Include Years of service and any offices) | PERSONAL AND CAREER INFORMATION  |  |  |
| Phone #: List the Grade(s) you completed a Health Science Course: List the Health Science Course (s) you have completed: What are your Current Career Goals? What College/ or Postsecondary Institution do you plan to attend? Have you been accepted for admission at the above mentioned institution?  Please List School and Community Activities which you have actively participated (Include Years of service and any offices)                                   | FULL NAME:   |  |  |
| List the Grade(s) you completed a Health Science Course:  List the Health Science Course (s) you have completed:  What are your Current Career Goals?  What College/ or Postsecondary Institution do you plan to attend?  Have you been accepted for admission at the above mentioned institution?  Please List School and Community Activities which you have actively participated (Include Years of service and any offices)  | Address:   |  |  |
| List the Health Science Course (s) you have completed:  What are your Current Career Goals?  What College/ or Postsecondary Institution do you plan to attend?  Have you been accepted for admission at the above mentioned institution?  Please List School and Community Activities which you have actively participated (Include Years of service and any offices   | Phone #:   | High school Name:  |  |
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| What College/ or Postsecondary Institution do you plan to attend?  Have you been accepted for admission at the above mentioned institution?  Please List School and Community Activities which you have actively participated (Include Years of service and any offices  | List the Health Science Course (s) you have completed:                                     |  |  |
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| Please List School and Community Activities which you have actively participated (Include Years of service and any offices   | What College/ or Postsecondary Institution do you plan to a                                | ttend?   |  |
|  | Have you been accepted for admission at the above mentio                                   | ned institution?   |  |
|  | Please List School and Community Activities which you held)                                | have actively participated (Include Years of service and any offices |  |
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| Please List any honors or special recognition you have received:     |  |  |
|--|--|--|
| List 2 personal references, (Include name, address and phone number: |  |  |
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| (PLEASE PRINT)   |  |  |