

College of Health Sciences
Application for Scholarships and Awards

Name: _____ Email: _____

Student ID number: _____ Class Year: FR SO JR SR GR

Local Address: _____

Permanent address: _____

Major/Minor: _____

Current GPA: _____

Scholarship(s) you are applying for: _____

Local Phone: _____ Home Phone: _____

On a separate piece of paper, please provide answers to the following (answer must be in *bulleted format*-[not paragraph]-or will not be considered) and attach to this form. Also, when listing activities provide dates of involvement which describe when and how long you participated. For Honors Day Award no resumes will be accepted. Please be sure to read the award description for any other required documents (i.e. letter of interest, letter of recommendation).

PROFESSIONAL INVOLVEMENT: List membership in societies and/or professional organizations including offices held (indicate years), attendance at conferences, etc.

COMMUNITY SERVICE: List community and service organizations other than required by UD coursework.

EXTRACURRICULAR ACTIVITIES: List participation in clubs, sports, etc.

ACADEMIC ACHIEVEMENT: List any honors or awards received

WORK EXPERIENCE: List work or volunteer experience.

WHY do you think this scholarship or award is right for you?

OTHER: Describe obstacles or hardships you have overcome, special projects you have initiated, personal interests, etc.