



UNDERGRADUATE SCHOLASHIP APPLICATION

Section I: Personal Information

Full Name:
Email Address:
Mailing Address:
City & Zip Code:
Phone Number:

Section II: Educational Information

College name:
City & Zip Code:
Cumulative Grade Point Average (X.X/4.0):
Start Date (MM/YY): Expected Graduation Date (MM/YY):
Major(s):
Minor/concentration (if applicable):
If your academic studies are not in a health-related discipline, briefly explain how your studies are relevant to a future health-related career (50 word limit):

Section III: Reference Contact Information

Reference Name:
Position Title:
Organization:
Email Address:
Phone Number:

Section IV: Career Goals and Life/Work Experience

Please answer each the questions below in 100 words or less. Answers that exceed the maximum word count will not be considered.

1. The purpose of the WHCE Undergraduate Scholarship is to support the advancement of future women leaders in health-related careers. Briefly describe your career goals:

2. Briefly describe the issues or problems you hope to address in your future career:

3. How would these funds be used to benefit your professional growth?

4. Briefly describe extracurricular activities during your college career (e.g. memberships and leadership roles in student organizations, sports, volunteer experience, etc.):

Organization Name	Activity Type/ Description	Role(s)	Dates Involved

5. Briefly describe your professional experience while in college (paid or unpaid internships, research programs, etc.)

Organization	Role	Dates Involved

--	--	--

6. List any honors or academic awards you have received while in college.

Honor/Award	Institution/Organization	Year

Section V: Certification and Signature:

By entering my name below, I affirm that all of the above stated information is true and correct to the best of my knowledge.

Name:

Date: