

**NORTHWESTERN HEALTH SCIENCES UNIVERSITY  
SCHOOL OF MASSAGE THERAPY  
2009 WINTER SYMPOSIUM**

**ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION**

*AWARD FOR WINTER 2009*

Beginning in the year 2007 and continuing each year at the School of Massage Therapy Winter Symposium, the NWHSU Alumni Association awards one \$250 scholarship. This scholarship is funded by the alumni association through membership gifts received each year from active alumni dues.

**DEADLINE TO SUBMIT APPLICATION:    Wednesday, February 25, 2009**

*ELIGIBILITY REQUIREMENTS*

- Currently enrolled, full time Massage Therapy student, T1, T2, or T3
- Free Application for Student Aid (FAFSA) – ((*must have filed a FAFSA form for 2008-09 prior to scholarship application*))
- Making satisfactory academic progress (*Massage Therapy students must have a minimum cumulative GPA of 2.5*)

*CRITERIA*

- Financial need (*estimated family contribution from FAFSA results determines need*)
- Academic performance (*must have a minimum cumulative GPA of 2.5*)
- One (1) faculty evaluation and recommendation form
- Community/volunteer involvement (*on and/or off campus*) --  
**ESSAY** on a “unique extracurricular class activity” based on list provided from community/volunteer involvement

*STUDENT INFORMATION (type in or print legibly using ink)*

Currently enrolled in my \_\_\_\_\_ trimester in the School of Massage Therapy

Name \_\_\_\_\_

NWHSU ID # \_\_\_\_\_ Social Security # \_\_\_\_\_

Current Address \_\_\_\_\_

Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number, including area code \_\_\_\_\_

Are you eligible for U.S. Federal Student Loans?     YES     NO

Have you completed your 2008/2009 FAFSA form?     YES     NO

OVER ↗

**STUDENT INFORMATION** (type in or print legibly using ink)

**1) Faculty Evaluation and Recommendation:**

A Faculty Evaluation and Recommendation form was given to:

- 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 (print name of faculty member) (print name of faculty member)

**2a) Service/Leadership Involvement:** (on or off campus) Give the number of hours you participated in all community/volunteer activities and during the period of September 1, 2008 and February 25, 2009 and check whether it was a paid or unpaid position.

	POSITION	NAME OF ORGANIZATION	FROM 9/1/08 to 2/25/09	
			# HOURS	UNPAID
<b>VOLUNTEER</b> (unpaid positions)			[ ] per above dates	<input type="checkbox"/>
			[ ] per above dates	<input type="checkbox"/>
			[ ] per above dates	<input type="checkbox"/>
			[ ] per above dates	<input type="checkbox"/>
			[ ] per above dates	<input type="checkbox"/>
			[ ] per above dates	<input type="checkbox"/>
			[ ] per above dates	<input type="checkbox"/>
			[ ] per above dates	<input type="checkbox"/>
	POSITION	NAME OF ORGANIZATION	FROM 9/1/08 to 2/25/09	
			# HOURS	PAID UNPAID
<b>LEADERSHIP</b> (paid or unpaid positions)			[ ] per above dates	<input type="checkbox"/> <input type="checkbox"/>
			[ ] per above dates	<input type="checkbox"/> <input type="checkbox"/>
			[ ] per above dates	<input type="checkbox"/> <input type="checkbox"/>
			[ ] per above dates	<input type="checkbox"/> <input type="checkbox"/>
			[ ] per above dates	<input type="checkbox"/> <input type="checkbox"/>
			[ ] per above dates	<input type="checkbox"/> <input type="checkbox"/>
			[ ] per above dates	<input type="checkbox"/> <input type="checkbox"/>
			[ ] per above dates	<input type="checkbox"/> <input type="checkbox"/>

*(If you need more space to list positions, please attach additional sheet/s to this form.)*

**2b) Service/Leadership Involvement:** Highlight an activity you consider “unique” from above list and write a brief essay about it. **SUBMIT TO:** Marla Warner (by email at [mwarner@nwhealth.edu](mailto:mwarner@nwhealth.edu) OR turn in a paper copy in Room 114.)

~~~~~

I hereby apply for this grant and declare that the information on this application is a true representation of the facts.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Applications may be turned in at the SRFS window between 9:00 a.m. and 4:30 p.m., Monday through Friday. Please use the evening drop slot for any after-hours submissions.

Recipients and amounts of awards are determined by the NWSU Scholarship Advisory Committee using the group’s assessments and deliberations under the above guidelines.

NORTHWESTERN HEALTH SCIENCES UNIVERSITY CONFORMS TO ALL APPLICABLE LEGAL REQUIREMENTS. ADJUSTMENTS MAY BE MADE TO ONE’S FINANCIAL AID PACKAGE TO MEET FEDERAL REGULATIONS AND INSTITUTIONAL POLICIES.