

# NORTHWESTERN HEALTH SCIENCES UNIVERSITY

## NWCC HOMECOMING SCHOLARSHIP APPLICATION

AWARDED IN WINTER 2010

To know what scholarships you may qualify for and to assist you in determining what information to provide the Scholarship Advisory Committee, first refer to the requirements on the list of scholarship offerings. **At a minimum, submit:** one application form, one faculty evaluation and recommendation form, and one faculty/clinic recommendation letter. For some scholarships, you may need to submit other information or essays. Along with your application form, please include criteria required for all scholarships of interest -- one form with appropriate attachments serves as submission for more than one scholarship. **FOR ESSAYS, submit to Marla Warner via e-mail at [mwarner@nwhealth.edu](mailto:mwarner@nwhealth.edu). DO NOT submit a paper copy of your essay.**

**NOTE:** If you are required to complete a Free Application for Student Aid (FAFSA) because you are normally eligible to receive federal student loans, you must have already filed your 2009/2010 FAFSA prior to submitting a scholarship application in order to be considered for an award.

Many of the scholarships require a Faculty Evaluation and Recommendation Form. A separate Faculty Evaluation and Recommendation form is available in the Student Records/Financial Services office for those scholarships requiring one or more copies. Forms may also be printed from the NWHSU website at Financial Aid/Institutional Scholarships. Faculty members are responsible for submitting completed forms to SRFS by the due date of January 15.

**Submit application with attachments to the Student Records/Financial Services office  
no later than Friday, January 15, 2010.**

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

Name \_\_\_\_\_ SSN \_\_\_\_\_ NWHSU ID # \_\_\_\_\_

Current Address \_\_\_\_\_  
Street Address City State Zip

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

U.S. State, or Foreign Country, of permanent residency \_\_\_\_\_

If a Minnesota resident, have you lived here the last five (5) years?  YES  NO

Student Enrollment:  Full-Time Student  Part-Time Student \_\_\_\_\_ Winter Trimester Level

Personal Information:  Male  Female  Married  Single \_\_\_\_\_ # Children

Military Activity:  Currently active  In the reserves  Veteran

Sports Information: Do you regularly participate in team athletics/competition for NWHSU?  YES  NO

Are you a licensed hunter?  YES  NO Do you participate annually?  YES  NO

Are you able to attend the Alumni luncheon during Homecoming?  YES  NO

*(Recipients of awards will be honored at the luncheon, including names, trimester level, and state/province of residency.)*

### 1. Faculty Evaluation and Recommendation

A Faculty Evaluation and Recommendation form was given to:

\_\_\_\_\_  
(print name of faculty member)

\_\_\_\_\_  
(print name of faculty member)

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

**2. Student's Statement of Consideration** State information that describes your unique circumstances for consideration of a scholarship in essay form and submit to Marla Warner via e-mail at [mwarner@nwhealth.edu](mailto:mwarner@nwhealth.edu). **DO NOT** submit a paper copy of your essay.

**3a. Service and Leadership Involvement** Enter total hours of participation in all service (volunteer) activities and leadership positions in the year 2009 (may include December 2009). Check whether it was a paid or unpaid position. **Guidelines:** Can be on or off campus. DO NOT enter the same position in both categories. DO NOT include non-active club/committee membership, seminar attendance, clinic internship/observation/related activities, or family-related activities.

|                            | NAME OF POSITION | NAME OF ORGANIZATION<br><i>(do not abbreviate)</i> | DESCRIPTION OF <u>SERVICE</u> POSITION    | DURING 2009 |                          |                          |
|----------------------------|------------------|--|---|-------------|--------------------------|--------------------------|
|                            |                  |  |   | # HOURS     | UNPAID                   |                          |
| <b>VOLUNTEER</b>           |                  |  |   | [ ]         | <input type="checkbox"/> |                          |
| <b>UNPAID positions --</b> |                  |  |   | [ ]         | <input type="checkbox"/> |                          |
| <b>benefits others:</b>    |                  |  |   | [ ]         | <input type="checkbox"/> |                          |
| Stud. Ambassador           |                  |  |   | [ ]         | <input type="checkbox"/> |                          |
| Amer. Reads Tutor          |                  |  |   | [ ]         | <input type="checkbox"/> |                          |
| Commun. Rel. Asst.         |                  |  |   | [ ]         | <input type="checkbox"/> |                          |
| Student Senate Rep.        |                  |  |   | [ ]         | <input type="checkbox"/> |                          |
| 10K Race Volunteer         |                  |  |   | [ ]         | <input type="checkbox"/> |                          |
| Server – People            |                  |  |   | [ ]         | <input type="checkbox"/> |                          |
| Serving People             |                  |  |   | [ ]         | <input type="checkbox"/> |                          |
|                            | NAME OF POSITION | NAME OF ORGANIZATION<br><i>(do not abbreviate)</i> | DESCRIPTION OF <u>LEADERSHIP</u> POSITION | DURING 2009 |                          |                          |
|                            |                  |  |   | # HOURS     | PAID                     | UNPAID                   |
| <b>LEADERSHIP</b>          |                  |  |   | [ ]         | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>PAID or UNPAID</b>      |                  |  |   | [ ]         | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>positions, such as:</b> |                  |  |   | [ ]         | <input type="checkbox"/> | <input type="checkbox"/> |
| Pres.-Stud. Senate         |                  |  |   | [ ]         | <input type="checkbox"/> | <input type="checkbox"/> |
| Team Leader-               |                  |  |   | [ ]         | <input type="checkbox"/> | <input type="checkbox"/> |
| Blood Drive                |                  |  |   | [ ]         | <input type="checkbox"/> | <input type="checkbox"/> |
| Bible Study Leader         |                  |  |   | [ ]         | <input type="checkbox"/> | <input type="checkbox"/> |
| Mgr- softball league       |                  |  |   | [ ]         | <input type="checkbox"/> | <input type="checkbox"/> |

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

**3b. Service and Leadership Involvement** Highlight an activity you consider “unique” from above list and write a brief essay about it, and submit to Marla Warner via e-mail at [mwarner@nwhealth.edu](mailto:mwarner@nwhealth.edu). **DO NOT** submit a paper copy of your essay.

I hereby apply for this scholarship 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. The evening drop slot in SRFS may be used for after-hours submissions.

Recipients and amounts of awards are determined by the NWHSU Scholarship Advisory Committee using the group's assessments and deliberations under the above guidelines and after fall 2009 grades have been processed by the Office of the Registrar. Award notification letters are emailed to students one week before Homecoming.