

AUSTIN-BAILEY HEALTH AND WELLNESS FOUNDATION SCHOLARSHIP CRITERIA AND PROCEDURES

CRITERIA

- Candidates must be in their second year of study in a health-related program, having completed at least one year. **Exception:** General science majors must have completed two years and are currently in their third year of study.
- Candidates must reside in Holmes, Stark, Tuscarawas or Wayne counties.
- Candidates must have a GPA of 3.0 or higher.
- Part-time students must maintain a minimum of six (6) credit hours.
- Selection will be based on academic performance and financial need.
- Graduate students are also eligible for a scholarship.
- Scholarship dollars may be used to help defray the cost of tuition and fees, books, supplies, and licensure fees.
- The Foundation has a preference for supporting non-traditional students. If such a student is not available, the school may recommend a deserving traditional student that meets our criteria.

PROCEDURES

- \$4,000 will be awarded to the college or university in August of each year.
- It is our preference that two equal scholarships be awarded at each school.
- Prior to awarding the scholarship, the Foundation asks that our scholarship committee be permitted to review the applications of the students selected by the school.
- School shall advise the Foundation and request input if all grant funds are not expended.
- Students may reapply for this scholarship. The school will determine whether or not the scholarship is to be continued with a particular student up to a maximum of three years.



AUSTIN-BAILEY HEALTH AND WELLNESS FOUNDATION SCHOLARSHIP APPLICATION FORM

PERSONAL INFORMATION:

Name: _____
Home Address: _____

ACADEMIC INFORMATION:

School: _____
Current Class Year: Sophomore Junior Senior Graduate Student
Course of Study or Major: _____
Expected year of graduation: _____ Cumulative GPA: _____
Expected enrollment status for next semester: Full-time _____ Part-time hrs. _____

EXTRA-CURRICULAR ACTIVITIES: *Please list activities in which you have participated and any awards or honors received.*

YOUR ASPIRATIONS: *Please tell us why you have chosen to major in a health-related program. Demonstrate or describe financial need or exceptional circumstances and explain how receiving this scholarship will assist you in achieving your goals.*

RELEASE OF INFORMATION: I authorize the financial Aid Office to exchange financial, academic and other information deemed necessary in determining my eligibility for this scholarship. I agree to allow the Scholarship Committee to verify any and all information with the appropriate campus offices. I also agree to the release of my information for public relations and/or news releases in conjunction with this scholarship. In signing this application, I certify that the information given is complete and correct.

Applicant's Signature Date