



## AUSTIN-BAILEY HEALTH AND WELLNESS FOUNDATION SCHOLARSHIP APPLICATION

**DEADLINE FOR APPLICATION:**  
March 13, 2019

### **ELIGIBILITY CRITERIA:**

- ☐ Sophomore or higher standing, including graduate students
- ☐ Must have completed one year in a health-related program
- ☐ Must be currently enrolled in a health-related program
- ☐ Minimum 3.0 cumulative GPA
- ☐ Financial Need  
**\*Must complete FAFSA & Walsh University Application for Financial Aid by deadline**
- ☐ Must be a resident of Holmes, Stark, Tuscarawas, or Wayne Counties

**\*Please do not remove cover sheet\***

**WALSH UNIVERSITY**  
AUSTIN-BAILEY HEALTH AND WELLNESS FOUNDATION SCHOLARSHIP

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**PERSONAL INFORMATION**

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Name \_\_\_\_\_

Student ID \_\_\_\_\_ Email: \_\_\_\_\_

Home Address \_\_\_\_\_  
STREET CITY STATE ZIP

Do you live on campus? ☐ Yes ☐ No

Phone Number \_\_\_\_\_

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**COLLEGE INFORMATION**

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Current Class Standing: ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate Student

Course of Study or Major \_\_\_\_\_

Expected Year of Graduation: \_\_\_\_\_ Cumulative Grade Point Average \_\_\_\_\_

Expected enrollment status for next semester: ☐ Full-time ☐ Part-time

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**ADDITIONAL INFORMATION**

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Please list activities in which you have participated and any awards or honors received:

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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 (Use additional paper if needed):

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If selected for this scholarship, you have my permission to send a press release to local papers acknowledging my award. The local paper for my community is \_\_\_\_\_ Your signature: \_\_\_\_\_

*I agree that the information provided is true and I agree to allow the Scholarship Committee to verify any or all information with the appropriate campus offices.*

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

**Please return to Karen Hodge, Assistant Vice President of Advancement**  
Walsh University, 2020 East Maple Street, North Canton, OH 44720-3336 • Email: [khodge@walsh.edu](mailto:khodge@walsh.edu)  
Questions: 330-490-7114