

# SCHOLARSHIP APPLICATION

***In order to be considered for this scholarship:*** Completely fill out this application and write a 500-word essay describing what you will do to promote healthy living within your life and community.

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***Please email this application to [Healthyfoundationinc@gmail.com](mailto:Healthyfoundationinc@gmail.com) for consideration.***

Name \_\_\_\_\_  
Last First Middle

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

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

Father's Name \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

High School Attending \_\_\_\_\_ GPA \_\_\_\_ SAT \_\_\_\_ ACT \_\_\_\_

University or Institute you plan to attend \_\_\_\_\_

Address of college you plan to attend \_\_\_\_\_ Phone \_\_\_\_\_

Career you plan to pursue \_\_\_\_\_

Please list any other scholarships you have received and the amounts \_\_\_\_\_

Honors Received and year \_\_\_\_\_

List involvement in sports or other school activities \_\_\_\_\_

Hobbies \_\_\_\_\_

Church you attend and activities involved (optional) \_\_\_\_\_

I hereby certify that the information on this application is complete and correct to the best of my knowledge. I hereby grant permission to contact my school, if necessary, and to use my name, likeness, and photograph in promotional materials in the event that I am selected to receive a scholarship.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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