

**West River Health Services Auxiliary
Health Care Professional Scholarship Application**

HIGH SCHOOL PRINCIPAL FORM

Name of Applicant: _____ School: _____

Address of School: _____ City: _____ State: _____

Describe the applicant by checking the appropriate level:

	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
Motivation.....	_____	_____	_____
Work habits.....	_____	_____	_____
Leadership.....	_____	_____	_____
Stability.....	_____	_____	_____
Health care interest.....	_____	_____	_____

Applicants GPA: _____

What abilities or achievements of the applicant are worthy of special note? _____

Other comments which will assist the Scholarship Committee in making their selection:

If applicant is awarded this scholarship, please give the **date of official presentation** (ex. graduation, awards night, etc.):

Principal's Signature _____ Date _____

Note: Please attach a copy of the applicant's high school transcript to this form.