



7) Anticipated costs: Tuition \_\_\_\_\_  
Fees \_\_\_\_\_  
Books \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_

8) Have you ever been employed in health related activities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate type and location of work. \_\_\_\_\_  
\_\_\_\_\_

9) Who contributes the major portion of your support?

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Occupation: \_\_\_\_\_

10) List two references and please have your references attach a letter of recommendation to this application.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Professional position: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Professional position: \_\_\_\_\_

11) **Please attach a 300-word essay about yourself detailing your involvement in community, church activities, extra-curricular activities, volunteer work or over-all accomplishments.**

I hereby certify that the answers given herein are true and correct. I authorize investigation of all statements contained in this application and agree to reference checks as may be deemed necessary to verify any and all information.

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

\*Please return this application, no later than **April 1<sup>st</sup>** to:

Bev Strand  
Academic Scholarship Coordinator  
West River Health Services Foundation  
1000 Highway 12  
Hettinger, ND 58639

\*Your file will not be considered complete until the **application** along with **current transcript, letter of acceptance, letter of recommendation** from the two references listed and **essay** are enclosed.