

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) Have you been employed in business related activities? Yes _____ No _____

If yes, indicate type and location of work. _____

10) Who contributes the major portion of your support?

Name: _____ Address: _____

Relationship: _____ Occupation: _____

11) 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 1st** 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.