

Applicants Signature____

EMPLOYEE SCHOLARSHIP APPLICATION

WWW.WRHS.COM

_Date__

Name		County		
Adddress		City	State	Zip
Phone#	Cell#	Email A	ddress	
	College/University Attending			
Intended Major				
	Year in School (Fall Semester)			
<u>Point System</u>				
1) GPA/Academics- (App	ed points based on the contents of the points based on the contents of the policant's performance in science course dation and Involvement in Community s	es given extra conside		ints
Guidelines for S	<u>Scholarship:</u>			
Please Submit the Follow	wing:			
⇒ Completed Application	1			
⇒ College Letter of Acceptance				
\Rightarrow (2) Letters of Recomm				
⇒ 300—500 word minim expect to achieve the	num Essay (Describe your personal, om. Conclude your essay by explaining	educational and cared why you would be a	er goals; Why you ch good candidate for tl	ose them and how yo his scholarship.)
Please return applicat	ion no later than November 10	to:		
Ted Uecker				
West River Health Services	s Foundation			
1000 Highway12				
Hettinger, ND 58639				