

## The deadline:

**The deadline for submission of applications is January 31, 2008.** Scholarship award recipients will be determined March 31, 2008. Scholarship award winners will be notified by mail. Awards will be presented at the annual CHS Awards Ceremony on May 9, 2008. Attendance is required to receive award.

# Application

FOR UWM COLLEGE OF HEALTH SCIENCES SCHOLARSHIPS  
2008-2009 Academic Year [www.chs.uwm.edu](http://www.chs.uwm.edu)

Some scholarships require that you submit information in addition to this application form (e.g. letters of recommendation, transcripts, etc.). Please read all information about the scholarship(s) for which you are applying and follow the requirements accordingly. All materials must be submitted by the deadline. Only fully completed application packages will be considered by the selection committees.

All information provided in this application will be treated confidentially and used only for consideration by the Scholarship Committees. Students who have been found guilty of academic misconduct are not eligible for scholarships. Students must be enrolled in UWM's College of Health Sciences in the 2008 Fall semester to be a scholarship recipient.

Availability of some scholarships may be subject to change without notice.

## Personal Data

Last Name	First Name	Middle Name	UWM Student ID #
Street Address			
City		State	Zip
Home Phone	Cell Phone	E-mail Address	
Academic Program		Undergraduate GPA	Graduate GPA

## Employment History

Employer	Period of Employment	Job Duties
Employer	Period of Employment	Job Duties
Employer	Period of Employment	Job Duties

## Education History

College/University	Dates of Attendance	Degree Received
College/University	Dates of Attendance	Degree Received
College/University	Dates of Attendance	Degree Received
Credits completed at UWM as of January 1, 2008	Expected Date of Graduation	

# Special Eligibility

Eligibility for some scholarships is based upon ethnic background. Please indicate if you are:

- |  |   |                                    |   |
|--|---|------------------------------------|---|
| <input type="radio"/> African American/Black   | <input type="radio"/> Hawaiian/Pacific Islander | <input type="radio"/> Vietnamese   | <input type="radio"/> Mexican, Mexican American, or Chicano/a |
| <input type="radio"/> American Indian/Alaska Native<br>(specify tribal affiliation)<br>_____ | <input type="radio"/> Cambodian                 | <input type="radio"/> Other Asian  | <input type="radio"/> Other Hispanic or Latino/a              |
|  | <input type="radio"/> Hmong                     | <input type="radio"/> Puerto Rican | <input type="radio"/> White or Caucasian                      |
|  | <input type="radio"/> Laotian                   | <input type="radio"/> Cuban        | <input type="radio"/> Other (specify) _____                   |

Eligibility for some scholarships is dependent upon financial need. Are you currently receiving financial aid through UWM?

- Yes                       No                       Not Eligible (but I am not receiving family monetary support)

## Student Statement (Required)

Please respond to all of the following questions on one typewritten page or less and submit with this application form.

- Which of your qualities make you a worthy candidate for scholarship award?
- What are your career goals? Be specific in how your goals demonstrate your commitment to health care and the community.
- Describe your non-required volunteer work in your community. List organization names, dates, and activities. State any honors received, offices held, etc.
- If you are applying for a scholarship of which the criteria include financial need, please describe your financial situation, including what percentage of your monetary need is covered by financial aid. In addition, please indicate sources and percentages for the remaining portion of your financial support, and how this scholarship, if awarded, would help you to finish your degree.

## Letter of Recommendation

Attach one letter of recommendation from an employer, field supervisor, faculty member or volunteer coordinator describing your:

- Duties and responsibilities
- Length of service
- Performance
- Initiative
- Commitment

## CHS Scholarships

Select scholarship(s) for which you are applying.

### Undergraduate Scholarships:

- CHS New Freshman Scholarship
- CHS New Transfer Student Scholarship
- Dean's Advisory Board Scholarship
- Dean Hanus Scholarship
- Foster G. McGaw Scholarship

### Froedtert Minority Scholars Award

- Human Movement Sciences Faculty and Alumni Scholarship
- Lia Erin Schmidt Memorial Scholarship
- Victor A. Baylon, MD Memorial Scholarship
- Victoria A. Lenicheck Scholarship
- Wheaton Franciscan Healthcare Scholarship

### Graduate and Undergraduate Scholarships:

- CHS Student Scholarship
- Clinical Laboratory Sciences Alumni Scholarship
- Leslie Blide Memorial Scholarship
- Molly Yeffeth Krain & Irwin Amrani Memorial Scholarship

### Graduate Scholarships:

- Catherine Zimmer Scholarship
- Curative Memorial Scholarship
- Human Movement Sciences Faculty and Alumni Scholarship
- Quantum Devices Scholarship
- Wheaton Franciscan Healthcare Scholarship

## Student Signature

I certify that all information on this application is correct and complete. **I understand that I must be enrolled in CHS for the 2008 Fall semester in order to receive the scholarship award, if I should be chosen as a recipient.** Should I be selected as a scholarship/award winner, I hereby give permission to UWM's College of Health Sciences to use my name and/or photo in its promotional materials.

Student's Signature

Date

