GUIDELINES

Eligibility:

- Students interested in women’s health
- Financial need
- A minimum GPA of 3.0
- Recipients will write a thank you letter (not a note card)
- Recipients will attend the Fall Council Luncheon on Friday, 10-26-12

Amount of Scholarship:

One (1) scholarship in the amount of **$2,590** will be awarded to a UTHSCSA (insert school here) student.

Instructions:

In order for an application to be considered complete, the following items must accompany each application. **The selection process could include a personal interview by one or more Council members from the Council for Excellence in Women’s Health Scholarship Committee.**

Graduate Students

- A completed Application Form.
- Signed and dated Applicant Certification Form.
- A letter of interest from applicant of 1 page but less than 2 pages (describe background in women’s health as well as future plans).
- Financial Aid Information Release Form.

Deadline:

The completed package must be mailed or hand delivered to UTHSCSA (insert school information here) by Friday, July 30, 2012.

Criteria for selection

Interest in Women’s Health/Character/Leadership/Service/Financial Need/Scholastic Ability.

General Information

- Scholarships must be applied for on an annual basis.
- There is no limit to the number of years a person may apply.
- Recipients of the scholarships will be chosen annually.
APPLICATION

Personal Information

Name of Applicant: ________________________________
First Name ___________________________ Middle Initial ______ Last Name

Social Security Number: _____ - _____ - _______ Date of Birth: __________

Address: _____________________________________________

City __________________ State __________ Zip _____________

Phone Number: (_____) ___________________________

Permanent Address: __________________________________

City __________________ State __________ Zip _____________

Phone Number: (_____) ___________________________

Academic Information

High School Attended: ________________________________

City __________________ State __________

College/University
Attended: _______________________________________

City __________________ State __________

Major: _______________________________________

Cumulative GPA: ______________________

Hours Completed: ______________________
FINANCIAL AID INFORMATION RELEASE FORM

I authorize you to release pertinent financial information to the Council for Excellence in Women’s Health for the purposes of scholarship aid determination.

Please mail the completed form to: UTHSCSA (insert School here)
(insert address here)

Student Name: __________________________________________

University/College: ______________________________________

Student Signature (required) Date

The following must be completed by the Financial Aid Office

Cost of Attendance: $________________________

Family Contribution: $________________________

Scholarship Assistance: $________________________

Loan Assistance: $________________________

GPA: ________ Completed Hours: ______________________

Verified by: ____________________________ (Please print name)

Signature Date
APPLICANT CERTIFICATION

I have included with the completed application: (1) my completed application form, (2) A letter of interest of 1 page but less than 2 pages

I understand that it is my responsibility to submit the Financial Aid Information Release Form to the UTHSCSA (insert School here) and that failure to have this form mailed by the postmarked date may result in my being disqualified.

I have previously applied for a Council for Excellence in Women’s Health scholarship:  Y/N

I have previously received a Council for Excellence in Women’s Health scholarship:  Y/N

Further, I hereby certify that the information provided in this application is true and correct. I have not knowingly withheld any facts or circumstances that could interfere with the truthfulness and accuracy of this application.

______________________________  ________________________
Signature (required)            Date