



*Submit to: Avita Health Foundation
269 Portland Way S.
Galion, OH 44833*

DEADLINE: APRIL 3, 2015

Allied Health Scholarship

ELIGIBILITY

1. The candidate must be a graduating senior from a high school located within Crawford, Richland or Morrow Counties; or a student enrolled in a post-secondary institution whose permanent address is within Crawford County; or a child of an active employee of Avita Health System, who is a graduating high school senior or enrolled in a post-secondary institution (regardless of address).
2. The candidate must be currently enrolled or accepted for attendance at an accredited vocational school, community college, or baccalaureate degree-granting institution.
3. The candidate must be seeking a degree toward licensure or certification within the Allied Health field with special consideration given in the areas of Exercise Science/Physiology, Kinesiology, Occupational Therapy, Physical Therapy, Speech Therapy, Athletic Training, Sports Nutrition.

OTHER CONSIDERATIONS

1. Three scholarships will be awarded annually as follows and as determined by the scholarship selection committee:
One - \$1000 scholarship
Two - \$500 scholarships
2. The scholarship must be used by December 31, 2015.
3. The scholarships will be paid directly to the institution on behalf of the student.

GENERAL INSTRUCTIONS

1. Submit an essay, 200-300 words in length, discussing your goals in the field of healthcare and relate how past, present, and future involvement makes the accomplishment of this goal probable.
2. Fill out the attached application and include all requested documents.
3. The committee, after thorough investigation of an applicant, shall present recommendations for approval by the Avita Health Foundation Board of Directors.
4. In the case of a tie between candidate applications, an interview with the Avita Health Foundation Scholarship Selection Committee may be requested.
5. Deadline for submitting the application is April 3, 2015.



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Allied Health Scholarship Application

Check one that applies:

☐ Graduating High School Senior ☐ Currently Enrolled College Student

Circle one:

I am a child of an Avita Health System Employee. Yes No

If yes, name of parent and department where they work _____

Student Name _____ Date of Birth _____

Home Address _____ Home Phone _____

City _____ County & State _____ Zip Code _____

Name of intended or current college or post-secondary institution:

What is your intended major? _____

Projected total annual cost for your education: _____

List financial aid you know you will receive to date:

(Continued)



**** Complete if a Graduating High School Senior****

Parent/Guardian Name(s) _____

High School _____ ACT/SAT Score _____ GPA _____

- * Provide copy of a letter of acceptance **or** proof of enrollment into your intended post-secondary institution.
- * Attach a list of activities involved in during your high school career.
- * Attach a list of honors or awards received during high school.
- * Attach a copy of your high school transcript.
- * Attach two letters of recommendation on your behalf (not including relatives).
- * Include your essay as stated above.
- * Include a photo of yourself to be used for publicity in the event you are a selected candidate.

**** Complete if a Currently-Enrolled College Student****

Year in college: ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate Level

- * List extracurricular activities, employment, associations involved in during college.
- * Attach most recent college transcripts.
- * Attach two letters of recommendation (not including relatives).
- * Include your essay as stated above.
- * Include a photo of yourself to be used for publicity in the event you are a selected candidate.



Allied Health Scholarship

STATEMENT OF APPLICATION

I understand that this Scholarship, if granted to me, is for pursuing a course of study in the Allied Health field. If for any reason my plans change, I will inform the Avita Health Foundation by letter. At that time the Avita Health Foundation will have the right to re-evaluate my application and revoke my scholarship.

I also understand that failure to notify the Foundation of any change in my college plans will result in automatic revocation of any scholarship that I might have otherwise received from the Foundation.

I understand that the Avita Health Foundation may publish my name and photograph if I am awarded this scholarship.

I affirm that this information is true as stated and I give my permission to include my name and photo for publicity on Avita website and in newspaper releases.

Signed: |

Date: |

Send Application to:
Avita Health Foundation
Tammy Schott, Foundation Director
269 Portland Way South
Galion, OH 44833