



# Scholarship Application

www.health-advocates.com

Health Advocates Alliance (HAA) awards scholarships on a per-semester basis to students who are pursuing undergraduate or graduate degrees in **health-related fields** and who meet the criteria listed below. Awards are based on grade point average and extracurricular activities. All requested information must be received by the Scholarship Committee before your application will be considered. Be sure to complete both sides of the application before submission, and please print clearly.

- Fall Semester Deadline: **June 30**
- Spring Semester Deadline: **December 15**

## Criteria for HAA Scholarship

1. You must be either: a) HAA Member whose membership is current and has been in good standing for the past 6 consecutive months; or b) spouse or child (28 years or younger) of an HAA Member whose membership is current and has been in good standing for the past 6 consecutive months.
2. You must have a 3.0 or higher cumulative Grade Point Average at your current educational facility (high school or college) and you must be pursuing study in a **health-related field**. You must be able to show your GPA to the Scholarship Committee by e-mailing, faxing or mailing current educational facility-generated documents.

\_\_\_\_\_ 200 \_\_\_\_\_  
Semester Applying For (Spring/Fall)

\_\_\_\_\_  
Primary HAA Member's Name

## Applicant Information (All information will remain strictly confidential.)

Student's Full Name: \_\_\_\_\_ Student's Social Security #: \_\_\_\_\_

Student's Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Permanent Phone Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

I understand that recipients of HAA Scholar Funds may be advised to declare these proceeds based upon applicable State and Federal income tax rulings.

Applicant Signature: \_\_\_\_\_

## Educational Institution Information

Name of School you are, or will be, attending: \_\_\_\_\_

Full-time     Part-time    Number of hours: \_\_\_\_\_  
(Undergraduate full-time is 12 hours or more; part-time is 6-9 hours or more.)

Area of Concentration/Major: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Previous Semester GPA: \_\_\_\_\_ Current Year or # Hours Completed: \_\_\_\_\_

Please list any additional scholarships and/or grants you have been awarded:

\_\_\_\_\_  
*(continue to other side)*

## Required Additional Information

Scholarship Applications will not be considered without the additional information listed below.

It can be e-mailed, faxed or mailed as attachments along with your application. If sent separately, be sure to identify each item with your name and phone number.

*(Please check off each item as you complete it.)*

### APPLICANT CHECKLIST:

- A brief essay about why you feel you deserve an HAA Scholarship.** Include your educational goals.
- Two letters of recommendation.** One letter should be from a teacher or administrator.
- Your high school and/or college transcript.** Please send grades from the semester prior to the semester for which you are applying.
- A list of all your extracurricular activities and clubs.**
- Any other information you feel is pertinent to your being considered for this scholarship.**

### Where Committee Will Send Scholarship Money, if Awarded

Name of School you are, or will be, attending: \_\_\_\_\_

Name of Financial Aid Contact Person: \_\_\_\_\_

Financial Aid Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Financial Aid Contact Phone Number: (     ) \_\_\_\_\_

### APPLICATION DEADLINES:

Fall Semester - June 30    Spring Semester - December 15

**E-Mail, Fax, or Mail your application and all supporting documents to:**

E-Mail: **scholar@health-advocates.com**

Fax: **636-530-7777**

Mail: **HAA Scholarship Committee  
16476 Wild Horse Creek Road, Chesterfield, MO 63017**

*Note: Recipients of HAA Scholarship Program funds may be advised to declare these proceeds based on applicable state and federal income tax rulings.*