Trios Foundation
Academic Year 2017-18
Scholarship Application

The Trios Foundation is pleased to announce that it will be making available several scholarships up to $3,000 to recipients pursuing an education in the healthcare field for the 2017-18 academic year.

The key considerations for this scholarship are: academic accomplishment, financial need, involvement in the community, and desire to work in the healthcare field.

Eligibility requirements are as follows:

1) Applicant must be accepted at an accredited college or university during the academic year 2017-18 to pursue a career in the field of medical healthcare. Please note, unfortunately, Dental, Chiropractic and Orthodontic students are not eligible for these scholarships.

2) Applicant must complete an application and submit essays of 300 words or less each.

3) Applicant must submit one letter of recommendation (from someone not living with you).

4) Applicant must submit a current copy of their transcripts (or last date attended).

5) Applicant must currently have a minimum of a 3.0 cumulative GPA (as of the last year attended).

6) Applications must be received at the above address, or emailed to mandy.wallner@trioshealth.org no later than December 31, 2016. There will be no extensions or exceptions to the deadline. Documents received after that date will not be accepted.

Upon selection or before funds are released to the school:

- A copy of the acceptance letter will be required.
- Proof of eligibility to work in the U.S. will be required upon selection.

An application is available at the Foundation office and online at www.trioshealth.org/Foundation

An independent selection committee, administered by the Trios Foundation, will select the scholarship recipients. Notification calls will be made to the winners by the middle of January 2017. Award of the scholarships will take place at the Foundation’s Annual Meeting Breakfast on February 22, 2017.

Recipients may be asked to offer a few brief comments on stage at the event about their goals and achievements.
Trios Foundation Scholarship
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Full Name: ________________________________
Mailing Address: ____________________________

________________________________________
Phone number: ____________________________ Email: ____________________________
Cumulative GPA: __________ Student ID#: ______________
Eligible for work in the U.S.? ___ YES ___ NO
School Presently Attending: _______________________________
Are you or a member of your immediate family an employee of Trios Health? ___ YES ___ NO If yes, what is their name and department?

________________________________________
Are you pursuing education in the field of Nursing? ___ YES ___ NO
Are you pursuing education in the Healthcare Field? ___ YES ___ NO
If so, what is your planned field of study in medical healthcare? __________

________________________________________
Please list community and school activities, awards and honors received:

________________________________________
________________________________________

________________________________________
School planning to attend in Academic Year 2017-2018:

________________________________________

________________________________________
Extra-Curricular activities:

________________________________________
________________________________________

Community / Civic Activities (include # of unpaid hours worked): __________

________________________________________
________________________________________
If employed, what type of work do you perform and how many hours on average do you work per week:

________________________________________
________________________________________
Personal Essay
Provide in the spaces below or attach answers to the following essay questions, each in 300 words or less.

1. Explain why you need this scholarship to reach your educational and long-term goals?

2. What makes you the strongest candidate for this scholarship?

3. Give an example of how you have had a positive influence on the community and/or how you have impacted someone’s life?

4. Describe any (positive or negative) family or personal circumstances that have affected your achievement in school, work, experience, or community activities?

I certify that the information in this application is complete and accurate to the best of my knowledge.

Applicant Signature: __________________________  Date______