School of Health Related Professions
Student Government Association Scholarship
Application

Part I

Student Number: _____________________

Overall GPA: _______               SHRP GPA: _______

Undergraduate: ___     or      Graduate: ___

Average number of credits per semester in SHRP: __________

Number if semesters enrolled in SHRP: __________

Part II

1. List all school related and extra-curricular activities and achievements within your college career. Please include dates.

2. Why did you enter into this field and what are your career goals?

3. What has been your greatest challenge since entering the field and how did you / are you overcoming the obstacle?

4. Explain why you feel you deserve to receive this scholarship.

* Part I may be legibly written, with a separate sheet attached for Part II.
** Part II must be typed in at least 10 font with no more than 8 lines per answer.
*** Be sure to include your student number on all pages of your application.