

HealthQuest Memorial Scholarship .
In Memory of Glenda Prewitt, LMT
SCHOLARSHIP PROGRAM APPLICATION FORM 2021

Deadline: This application form and all other required documentation must be received **by May 3, 2021 via mail.**

Mail to: HealthQuest, c/o Scholarship Program Coordinator, 8390 E. Kemper Road Suite A, Cincinnati, OH 45249.

Questions: Call (513) 774-9800 or e-mail: outreach@turnupyourpower.com
Website: www.HealthQuestSpine.com

Eligibility: Students must meet these criteria to be eligible.

Please initial.

1. ____ * I confirm that I plan to attend college for a degree in a field of Health and Wellness.
2. ____ * I live in the Southern Ohio, and my high school or home is within 15 miles of the _____ HealthQuest Office.
3. ____ * I will be attending a college in the United States in the fall of 2021 classified as a freshman.
4. ____ * If chosen for a scholarship, I will attend a ceremony to be awarded.
5. **Name:** a. First name*-- Middle name(s) -- Last name*:

b. If it is different than your formal name, what do you prefer to be called:

6. Home address: The **HealthQuest Memorial Scholarship Program** is restricted to residents who live or attend school within 15 miles of one of our three offices.

*Address: _____

Address: _____

*City: _____ *State: _____ *ZIP: _____

7. Primary telephone: (_____) _____

8. Secondary telephone: (_____) _____

9. E-mail: _____

10. Date of Birth (MM/DD/YYYY): ____ / ____ / ____

11. What school do you currently attend?

*Name: _____

*City: _____ *State: ____ *ZIP: _____

Phone number: (_____) _____

*What is your current GPA: _____

12. College admission composite test score(s). Attach photocopies of all score reports.

ACT _____ SAT _____ Other _____

13. What college will you attend in 2021-2022? (If undecided at present, send the school's name, city, and state to us before MAY 1ST.)

14 a. Name: _____

City: _____ State: _____

14 b. Undecided. Colleges under consideration are:

14. What degree(s) are you pursuing:

15. What profession or field of employment do you wish to enter with your college degree: _____

16. Anticipated year of college graduation: _____

17. Please list any activities you participated in that help you decide Health and Wellness was the field you wanted to pursue:

18. The Essay:

What does the scholarship committee need to know about you in 1,000 words or less? The committee members will be especially interested in these points: your most notable qualities, your attitude about health and wellness, and examples of your demonstrated leadership ability.

Attach your essay to this form. The essay is limited to no more than 1,000 words, two print pages (approximately 6,000 characters). Recommendation: Carefully proof your essay and know that well-done short essays are admired.

19. Please attach your most current high school transcript.

20. Certification Statement:

By signing my name below, I confirm that all of the information provided above and in the accompanying documents is true and correct to the best of my knowledge.

Signed: _____ Date: _____

PLEASE NOTE: ANY APPLICATION SENT IN WITHOUT ALL 20 SECTIONS COMPLETE WILL NOT BE CONSIDERED FOR THE SCHOLARSHIP AWARD.