

3. Please list any athletic awards/achievements that you have received throughout your high school career. (Use additional sheets of paper if needed).

4. Please list any community involvement, volunteer work, and extra-curricular activities you have participated in during your high school career.

5. What attributes/characteristics do you possess that make you deserving of this scholarship? (Use additional paper if needed).

I certify that to the best of my knowledge the information given on this application is complete and accurate. I understand that providing false, misleading or incomplete information will be the basis for denial or revocation of this scholarship. I agree to use the scholarship funds toward expenses for higher education (including housing, books, or tuition).

Signature of applicant _____ (date)

Signature of parent/guardian _____ (date)

Please submit along with:

- 1. Official transcript**
- 2. Nomination form and a letter of recommendation**

**To: Bellin Health, Attn: Julie Phelps
1630 Commanche Ave
Green Bay, WI 54313**

