



**The Bishop Afonya Healthcare Scholarship
Application for the 2019-2020 Academic Year**

Type or print neatly:

Name: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cellular Phone:** _____

Current GPA: _____ **E-mail:** _____

Post-Secondary or higher institution in which I am enrolled (or plan to enroll):
_____ **City:** _____ **State:** _____

Healthcare field(s) of study I plan to pursue: _____

1) What life experiences or who has inspired you to seek a healthcare education and career?

*****Please answer on a separate piece of paper**

2) What is your career goal and how do you plan to make a meaningful difference?

*****Please answer on a separate piece of paper**

Submit application form, a copy of your current grades transcript, a resume and (2) short (one-page) letters of recommendation to the Foundation office (323 S Minnesota St, Crookston, MN 56716) by noon on March 28, 2019.