

Scholarship Application Preference Sheet

Your Name:

There are many honors and scholarships available to Nutrition and Health Science students this year! However, many of the scholarships have specific regulations regarding who is eligible for award. To help the scholarship committee, it is imperative that you review the below criteria for each award and **ONLY SELECT (by checking) THOSE SCHOLARSHIPS WHERE YOU ARE ELIGIBLE**. Only the scholarships that require an application are listed. The committee cannot consider a student for a scholarship unless the student has applied for that scholarship. If you have any questions regarding the award or your eligibility, please contact the chair of this year's committee, Dr.

Christina Jones, at cljones15@bsu.edu

UNDERGRADUATE STUDENT AWARDS (BOTH NUTRITION & HEALTH SCIENCE)

| | SCHOLARSHIP NAME | CRITERIA/NOTES |
|--|-------------------------------------|--|
| | Westerlund Scholarship | <ul style="list-style-type: none"> - Undergraduate who is 25 or older - Preference to major in Nutrition and Health Science - Demonstrated financial need |
| | Hittson Memorial Scholarship | <ul style="list-style-type: none"> - Full time student - From Indiana - At least Junior Standing - Health Science Major a preference but not a requirement |

GRADUATE/UNDERGRADUATE STUDENT AWARDS (BOTH NUTRITION & HEALTH SCIENCE)

| | SCHOLARSHIP NAME | CRITERIA/NOTES |
|--|---|--|
| | Robert H. and Esther L. Cooper Science Scholarship | <ul style="list-style-type: none"> - Undergraduate or Graduate status - Both Nutrition and Health Education and Promotion students qualify - Must attest in written statement that the student has abstained from tobacco, illegal drug use, or alcohol in any form (SEE APPLICATION) - Demonstrated moral character |

UNDERGRADUATE STUDENT AWARDS (HEALTH SCIENCE ONLY)

| | SCHOLARSHIP NAME | CRITERIA/NOTES |
|--|--|--|
| | Carroll Health Education Scholarship | <ul style="list-style-type: none"> - Health Education/Health Promotion Major - GPA of at least 3.3 - Must have at least one semester left (no spring semester seniors) |
| | Herb Jones Health Education Scholarship | <ul style="list-style-type: none"> - Health Education/Health Promotion Major - Sophomore or Junior standing - Overall GPA of 3.0 - Major GPA of 3.3 - Have to have received at least a B in HSC 200 |

| | | |
|--|--|--|
| | Mackenzie-Walkup (Prof. Organization Scholarship) | <ul style="list-style-type: none"> - Health Education/Health Promotion Major - To be used for one year membership to professional organization |
| | Mackenzie-Walkup (Textbook Scholarship) | <ul style="list-style-type: none"> - Health Education/Health Promotion Major - Overall GPA of 2.75 or higher - Must have completed HSC 180 and 200 - Books have to be purchased by end of summer but can be used for next AY |
| | Mackenzie-Walkup (Internship) | <ul style="list-style-type: none"> - Health Education/Health Promotion Major - Must be a senior who has completed HSC 495 (professional preparation) but has not yet completed an internship - Overall GPA of 2.75 or higher |
| | Zeberl Family Scholarship | <ul style="list-style-type: none"> - Health Education/Health Promotion Major, with interests in career in community health education |
| | Schaller Scholarship | <ul style="list-style-type: none"> - ESG Member - Minimum GPA of 2.7 |
| | Bock Scholarship | <ul style="list-style-type: none"> - Health Education/Health Promotion Major - Demonstrated history of academic excellence - Preference to ESG members |

II. Personal Information

| | | | | | |
|--------------------------|-----------------------|--------------|-----------------|------------------------|-------|
| Name | _____ | _____ | _____ | E-mail | _____ |
| | <i>Last</i> | <i>First</i> | <i>MI</i> | | |
| Current Address | _____ | _____ | _____ | Current Phone | _____ |
| | <i>Street Address</i> | | <i>Apt.</i> | | |
| | _____ | _____ | _____ | | |
| | <i>City</i> | <i>State</i> | <i>Zip Code</i> | | |
| Permanent Address | _____ | _____ | _____ | Permanent Phone | _____ |
| | <i>Street Address</i> | | <i>Apt.</i> | | |
| | _____ | _____ | _____ | | |
| | <i>City</i> | <i>State</i> | <i>Zip Code</i> | | |

III. Academic Information

| | | | |
|----------------------------|-------|---|-------|
| Current Major(s) | _____ | GPA | _____ |
| Current Minor(s) | _____ | GPA | _____ |
| Year in School | _____ | Overall GPA | _____ |
| | | Anticipated date of BSU Graduation | _____ |
| Completed Degree(s) | _____ | | |
| Major(s) | _____ | GPA | _____ |
| Minor(s) | _____ | GPA | _____ |
| College/University | _____ | | |
| Graduation Date | _____ | Overall GPA | _____ |

List any *academic* honors or awards you have received

IV. Professional Activities and Involvement

List any health science or nutrition related extra-curricular activities in which you have participated (volunteer experiences, work in schools, agencies, honorary societies, etc.).

| Name of Organization | Position or Office | Date |
|----------------------|--------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

List and describe employment, internship, or practicum experience you have had in the health science or nutrition area.

Employer/Agency _____ Dates of Employment _____ to _____

Describe your basic responsibilities and tasks

Employer/Agency _____ Dates of Employment _____ to _____

Describe your basic responsibilities and tasks

V. Statement of Professional Contribution

Describe any contributions you have made to the profession, such as, in school/community/public health, or nutrition for example.

VI. Additional Information

If applying for the Robert H. and Esther L. Cooper Science Scholarship, please make a statement concerning your use of tobacco, alcohol, and illegal drugs.

List two professional references below, at least one a department faculty member.

| Name | Title | Business/Organization | Phone | E-mail |
|-------|-------|-----------------------|-------|--------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

VII. Applicant Statements

Please read the following statement carefully.

If I am selected to receive a scholarship/award, I understand and give permission for the following: Release of my information and photograph about the respective scholarship/award by the Department of Nutrition and Health Science and/or Ball State University Division of Strategic Communications to my hometown newspaper and the department's website, display board, and alumni newsletter.

Applicant's Signature _____ Date _____

All application materials should be provided as one PDF packet or as separate documents titled with the applicants last name (ie., DegreeWorks_Jones) to Jill Belser (jmwolfe@bsu.edu) by no later than 11:59 PM on February 15, 2021.

All applicants should keep in mind:

- 1) Please include a copy of your Degree Works for all coursework completed.
- 2) It is important to complete the Electronic Questionnaire on the following page, as this information may be used in the presentation slides during the Honors Ceremony.
- 3) Please include a professional photo or headshot, to be displayed at the Fall 2021 Honors and Awards Ceremony.
- 4) If awarded, you will be asked to attend the 2021 Honors Ceremony, to take place in Fall 2021.
- 5) For the Ann B & David A Westerlund Scholarship for Non-Traditional students:
 - a) Student must have filed a FAFSA with the Scholarship and Financial Aid Office in order for eligibility to be determined, as the award is based on financial need.

Application Check List

Resume

Degree Works

Electronic Display
Questionnaire

Photo/Headshot

Electronic Display Questionnaire



**BALL STATE
UNIVERSITY**

1. Preferred Display Name _____

2. Major _____

3. Minor _____

4. Extracurriculars/ Volunteer Work Or Health/ Nutrition Related Experiences

5. Future Plans

6. Please email a clear photo no smaller than 2" x 3" to **Jill Belser (jmwolfe@bsu.edu)** as part of your application package.

For Office Use Only: Scholarship(s) Awarded
