Scholarship Application

Dr. Ralph and Mrs. Eleanor Rinne Pre-Med Scholarship

Scholarship Title
DR. RALPH AND MRS. ELEANOR RINNE PRE-MED SCHOLARSHIP

Two $1,500 scholarship awards may be available for 2016-2017. Selection is based on demonstration of significant financial need, exceptional academic credentials, and a strong motivation to become a physician.

APPLICATION PROCEDURE:

A packet containing an application and recommendation forms is available online (in PDF form) on the Career Services Center website, http://www.wwu.edu/careers/.

Materials to be submitted include:

1. Application form,
2. Unofficial transcript (academic history available from WWU’s Web),
3. An application letter to the Dr. Ralph and Mrs. Eleanor Rinne Pre-Med Scholarship Committee addressing:
   - Significant financial need,
   - Exceptional academic credentials, and
   - Strong motivation to become a physician, and
4. Two letters of recommendation from Western Washington University faculty.

DEADLINE:

April 25, 2016 (postmarks accepted). It is the applicant’s responsibility to assure that all application materials are on file by the deadline.

RETURN all documents as one packet to:

Academic Advising Center,
A unit of Academic and Career Development Services
Old Main 380
Western Washington University
516 High Street
Bellingham, WA 98225-9029
PHONE (360) 650-3850
2016-2017 Scholarship Application
Dr. Ralph and Mrs. Eleanor Rinne Pre-Med Scholarship

Personal Information

Applicant Name (Last, First, M.I.) ___________________________ Student Number ___________________________

E-Mail Address ___________________________ Birthdate (Optional) W# ___________________________

Permanent Address (Street, City, State and Zip) ___________________________ Permanent Phone Number ___________________________

Current Local Address (Street, City, State and Zip) ___________________________ Current Local Phone Number ___________________________

U.S. Citizen? ☐ Yes ☐ No; Resident of what state? ___________________________ WA State Resident? ☐ Yes ☐ No; Resident of what state? ___________________________ Marital Status (Optional) ☐ Single ☐ Married

What race/ethnicity do you consider yourself? Check all that apply (Optional)

☐ American Indian/Alaska Native ☐ Asian/Pacific Islander
☐ Black/African American ☐ White/Caucasian ☐ Other ___________________________

Educational Information

Current Class Status: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior
☐ Fifth-year Certification ☐ Post-baccalaureate ☐ Masters
☐ Other ___________________________

Academic Major: ___________________________ Minor: ___________________________

Proposed Occupation: ___________________________

Cumulative GPA ____________ Major GPA _______ Expected Graduation Date ____________

List all prior high schools, colleges and universities attended:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Month and Year Attended (From – To)</th>
<th>Year Graduated</th>
<th>Credit Hours Earned Quarter/Semester</th>
<th>Cumulative GPA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>-</td>
<td></td>
<td>/</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
<td></td>
<td>/</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
<td></td>
<td>/</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
<td></td>
<td>/</td>
<td></td>
</tr>
</tbody>
</table>

Parental/Guardian Information

Father/Guardian Name ___________________________ Mother/Guardian Name ___________________________

Address ___________________________ Address ___________________________

City ___________________________ State ___________________________ Zip ___________________________

City ___________________________ State ___________________________ Zip ___________________________
Supplemental Information

The following items must be typed or word-processed on separate sheets of paper. Please note the item number or question and your name on each page.

1. List significant activities and honors attained while in high school and college. Also, list volunteer activities and employment information. If you prefer, this summary may be written in a résumé style.

2. Provide a brief statement regarding your educational and career goals.

3. Provide a brief statement describing your need for scholarship funds.

Letters of Recommendation

List the names and positions from whom the Scholarship Committee will receive recommendations.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signed Authorization/Certification

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I authorize the release of my grade transcript and the extent of my financial need to interested donors of scholarships who request this information.

<table>
<thead>
<tr>
<th>Signature of Applicant</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

APPLICATION DEADLINE IS April 25, 2016

Western Washington University is committed to equal opportunity and non-discrimination in all programs and activities and does not discriminate on the basis of race, color, ethnicity, creed, religion, national origin, sex, age, disability, marital status, sexual orientation, Vietnam-era or disabled veteran status.

Submit your completed scholarship application along with the required copies to:

Academic Advising Center,
A unit of Academic and Career Development Services
Old Main 380
Western Washington University
516 High Street
Bellingham, WA 98225-9029
PHONE: (360) 650-3850
DR. RALPH AND MRS. ELEANOR RINNE PRE-MED SCHOLARSHIP
FACULTY RECOMMENDATION

Student’s name: ________________________________________________________________

Please write or type your recommendation in this space and sign this form or attach your signed recommendation on letterhead stationary.

Faculty signature _______________________________________________________________

Typed or printed name _______________________________________________________

Western Washington University department ________________________________

Return this completed form to the applicant.
It is the applicant’s responsibility to assure that all application materials are on file in the Academic Advising Center by the deadline: April 25, 2016.

Applicant: Return all documents as one packet to Academic Advising Center, Western Washington University, 516 High Street, Old Main 380, Mail Stop 9029, Bellingham, WA, 98225-9029. PHONE (360) 650-3850.
DR. RALPH AND MRS. ELEANOR RINNE PRE-MED SCHOLARSHIP

FACULTY RECOMMENDATION

Student’s name: ________________________________________________________________

Please write or type your recommendation in this space and sign this form or attach your signed recommendation on letterhead stationary.

Faculty signature _______________________________________________________________

Typed or printed name _______________________________________________________________________

Western Washington University department _______________________________________________________

Return this completed form to the applicant.
It is the applicant’s responsibility to assure that all application materials are on file in the Academic Advising Center by the deadline: April 25, 2016.

Applicant: Return all documents as one packet to Academic Advising Center, Western Washington University, 516 High Street, Old Main 380, Mail Stop 9029, Bellingham, WA, 98225-9029. PHONE (360) 650-3850.