

Scholarship Application

associationforbetterhealth.org



The Association for Better Health (ABH) awards scholarships of \$500 each to students who are pursuing undergraduate or graduate degrees and who meet the criteria listed below. Awards are based on grade point average and extracurricular activities. All requested information must be received by the Scholarship Committee before your application will be considered. Be sure to complete both sides of the application before submission, and please print clearly.

Application deadline: July 31

Criteria for \$500 ABH Scholarship

1. You must be either: a) ABH Member whose membership is current and has been in good standing for the past 6 consecutive months; or b) spouse or child (28 years or younger) of an ABH Member whose membership is current and has been in good standing for the past 6 consecutive months.
2. You must have a 3.0 or higher cumulative Grade Point Average at your current educational facility (high school or college). You must be able to show your GPA to the ABH Scholarship Committee by e-mailing or mailing current educational facility-generated documents.

First-time application

Renewal application

Fall 20
Year Applying For

Primary ABH Member's Name

Applicant Information *(All information will remain strictly confidential.)*

Student's Full Name: _____ Student's Social Security #: _____

Student's Permanent Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ E-Mail Address: _____

I understand that recipients of ABH Scholarship Funds may be advised to declare these proceeds based upon applicable State and Federal income tax rulings.

Applicant Signature: _____

Educational Institution Information

Name of School you are, or will be, attending: _____

Full-time Part-time Number of hours: _____
(Undergraduate full-time is 12 hours or more; part-time is 6-11 hours.)

Area of Concentration/Major: _____

Cumulative GPA: _____ Previous Semester GPA: _____ Current Year or # Hours Completed: _____

Please list any additional scholarships and/or grants you have been awarded:

(continue to other side)

Required Additional Information

Scholarship Applications will not be considered without the additional information listed below. Information should be e-mailed as attachments or mailed along with your application. (Please check off each item as you complete it.)

FIRST-TIME APPLICANT Checklist:

- A brief essay about why you feel you deserve an ABH Scholarship.** Include your educational goals.
- Two letters of recommendation.** One letter should be from a teacher or administrator.
- Your high school and/or college transcript.** Please send grades from the semester prior to the semester for which you are applying.
- A list of all your extracurricular activities and clubs.**
- Any other information you feel is pertinent to your being considered for this scholarship.**

CURRENT RECIPIENT Checklist (re-applying for scholarship):

- Previous semester's grades.**
- A statement on your progress and any changes you might have made in your educational goals.**

Where committee will send scholarship money, if awarded

Name of School you are, or will be, attending: _____

Name of financial aid contact person: _____

Financial aid contact address: _____

City: _____ State: _____ Zip: _____

Financial aid contact phone number: () _____

APPLICATION DEADLINE: July 31

E-mail or mail your application and all supporting documents to:

E-Mail: **scholar@associationsservice.org**

Mail: **ABH Scholarship Committee**
12444 Powerscourt Drive #500
St. Louis, MO 63131

Note: Recipients of ABH Scholarship Program funds may be advised to declare these proceeds based on applicable state and federal income tax rulings. By submitting this application you grant The Association for Better Health permission to use your name on the Association website and in future editions of the Association newsletter.