Team Wellness
Scholarship Application 2019

$500 Scholarship

CRITERIA

1. Normandale Community College student
2. Enrolled in 8 or more credits Spring 2019 semester
3. Currently enrolled and/or have completed at least one (1) course in the Health and the Exercise Science Departments OR at least one (1) course in the Health Department and accepted to the Dietetics Program at Normandale
4. Minimum college cumulative GPA 2.75

INSTRUCTIONS

☐ Complete sections I, II, III, and IV of this application.

☐ Prepare a written narrative responding to the two statements listed in Section II of this application. This narrative is extremely important in the scholarship review process. Be complete in your thoughts and provide the selection committee with a good picture of who you are and why you are deserving of a scholarship. Your application will not be considered without this narrative.

☐ Transcripts: If Spring 2019 is your first term at Normandale, you must attach college transcripts from all previously attended colleges/universities. Your application cannot be considered without transcripts.

☐ Complete scholarship application packets only will be considered and MUST be received on or before May 17, 2019 OR be postmarked on or before May 17, 2019.

Mail your complete scholarship application packet to:
Normandale Community College
Attn: Samantha Marshall
Health Science Division
9700 France Avenue South
Bloomington, MN  55431

OR

Drop off your complete scholarship application packet to:
Team Wellness Scholarship Drop Box
2nd Floor, Activities Building

DEADLINE: Friday, May 17, 2019
I. GENERAL INFORMATION

Name: _____________________________________________________________________________________  
                    Last   First    MI
Address: ____________________________________________________________________________________  
                      Street               City           State       Zip
Phone Number: __________________________________ (day)    ______________________________ (evening)
Email address: ____________________________________________  NCC Tech ID : ___________________

(We will be communicating with you via email, the primary means of communication at Normandale.)

Check ✓ if you have received the Team Wellness Scholarship in the past.  YEAR___________

In order to help a variety of students through their educational journey we will consider your application if there are no other candidates that show the same or greater qualification.

II. NARRATIVE - This narrative is extremely important in the scholarship review process. Be complete in your thoughts and provide the selection committee with a good picture of who you are and why you are deserving of a scholarship. Type on a separate sheet your response to the following two statements. Attach these responses to this application. No more than 500 words total.

#1: Describe your role as a “leader” within the past five (5) years in any of the following areas: service learning, community and/or campus involvement, volunteerism. How has your leadership impacted the wellness of others?

#2: Describe the role of wellness in your life and its’ impact on your future personal and professional/career goals.

III. VOLUNTEER/COMMUNITY SERVICE; HONORS/RECOGNITIONS/ACHIEVEMENTS; LEADERSHIP ACTIVITIES

List volunteer or community service experiences:  ____________________________________________________  
____________________________________________________________________________________________
List honors and recognitions received and notable achievements: _______________________________________
____________________________________________________________________________________________
List leadership roles held during the past five years:  _________________________________________________  
____________________________________________________________________________________________

IV. CERTIFICATION

Applicant certification and permission to release information:

The information contained within this application is true to the best of my knowledge. I understand that misrepresentation or fraudulent information may be grounds for loss of scholarship funds and/or required repayment.

I understand that my application WILL NOT BE CONSIDERED if my application and narrative are not completed as instructed, if my narrative, academic transcripts, essays and letters of recommendation are not attached. I authorize Normandale Community College to make available to the Normandale Foundation and the selection committee my academic and financial aid records.

If named a recipient, I authorize the Normandale Foundation and Normandale Community College permission to release any (non-private) information listed in this application to the scholarship donors/media, including my photograph. I also agree to thank the donor of this scholarship and attend any events relating to recognition of this scholarship.

Applicant’s Signature: ____________________________________________  Date: ___________________