Scholarship Application

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

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

Two $3,000 scholarship awards are available for 2017-2018. Selection is based on demonstration of significant financial need, exceptional academic credentials, and a strong motivation to become a physician.

APPLICATION PROCEDURE:

Application and recommendation forms are available online (in PDF form) on the Career Services Center website, http://www.wwu.edu/careers/scholarships.shtml.

Submitted materials must 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, and
   - Exceptional academic credentials, and
   - Strong motivation to become a physician
4. Two recommendations from Western Washington University faculty. Faculty can submit their recommendation in one of two ways:
   - Write a standard letter of recommendation and send it via email to Karen.Schreuder@wwu.edu  OR
   - Complete a short online form found at: wwu.edu/careers/form_premed_reference.shtml

DEADLINE:

May 1, 2017 (postmarks accepted). It is the applicant’s responsibility to assure that all application materials are on file by the deadline.

RETURN all documents 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
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 ☐ 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 ☐ Spanish/Hispanic
☐ Asian/Pacific Islander ☐ White/Caucasian
☐ Black/African American ☐ 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>
</tbody>
</table>

Parental/Guardian Information

Father/Guardian Name ____________________________________________

Mother/Guardian Name ____________________________________________

Address ____________________________________________

Address ____________________________________________

City ______________________ State ______ Zip ______________________ 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>Last Name</td>
<td>First Name</td>
<td>Position</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.

Signature of Applicant __________________________________________________________________________ Date __________________

APPLICATION DEADLINE IS May 1, 2017

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: ________________________________________________________________

For your faculty recommendation, please choose one of the following two options:

1. Write a letter of recommendation and submit it via email to Karen.Schreuder@wwu.edu
   Please include the student’s name and “Rinne pre-med scholarship” in the subject line.

2. Complete a short online recommendation form at:
   www.wwu.edu/careers/form_premed_reference.shtml

Please submit your recommendation by May 1, 2017