

**School of Health Professions Alumni Organization  
Undergraduate Student Scholarship**

**Application and Essay Requirements**

**Application Deadline: March 1**

Thank you for applying for the *School of Health Professions Alumni Organization Undergraduate Student Scholarship*. Submit your completed application packet to 518 Lewis Hall, Columbia, MO 65211. Include your full name and MU Student ID number in the top right corner of all materials in your application packet.

Your application packet should include:

- A current resume
- A letter of recommendation from someone who can speak to your demonstrated commitment to your academic pursuits as well as your commitment to the School of Health Professions—its mission, programs and services. (limit of 3 letters per applicant)
- An essay answering the questions listed below.

The **essay** should be typed, double spaced and a minimum of 250 words yet no more than two pages. It should answer the following questions:

- What influenced your decision to pursue a career in health professions?
- What excites you about your future in health care?
- What impact do you hope to have through your professional work?

The contact information you provide below will be the committee's only means of contacting you regarding questions or award notification. Please provide your **permanent address** and most reliable telephone contact information.

Name \_\_\_\_\_ Telephone Number (    ) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Are you a Missouri resident?    Yes \_\_\_\_    No \_\_\_\_            MU Student ID # \_\_\_\_\_

Are you a current member of MAA True Tigers?    Yes \_\_\_\_    No \_\_\_\_

Major \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

Cumulative MU GPA \_\_\_\_\_

\*Signature \_\_\_\_\_ Date \_\_\_\_\_

\*By signing this application, you agree to the following conditions should you be the selected recipient of the *School of Health Professions Alumni Organization Undergraduate Student Scholarship*:

- You will provide a thank you note or card within 10 days of notification of this award to the School of Health Professions Office of Alumni Relations, 518 Lewis Hall, Columbia, MO 65211. This note or card will be sent to the donor. If you have not provided this within 10 days of notification, your account will not be credited with the scholarship award.
- You should plan to attend the annual School of Health Professions Scholarship and Awards Luncheon traditionally held on Reading Day in May in Reynolds Alumni Center. You and your spouse and/or parent(s) will receive a formal invitation to this event at which you will be seated with one of the SHP Alumni Organization Board members.

If you have questions regarding the *School of Health Professions Alumni Organization Undergraduate Student Scholarship*, please contact the SHP Office of Alumni Relations at (573) 884-8101.