**Kenneth Goodhue-McWilliams Scholarship Application**

**Overview and Instructions for Awards**

**Criteria:** Outstanding contributions to community, Student Health Professions Association membership, volunteer in a health profession setting

**Amount:** $500 and plaque.

**Open to:** Nomination for this award is open to all members of the Student Health Professions Associations (SHPA)

**Application Procedure:** Students should complete the application form available on the Health Professions webpage at fullerton.edu/health\_professions and arrange to have one letter of recommendation sent to the Health Professions Advising office.

**INSTRUCTIONS**

Do not attach additional sheets for short answer questions. All responses must be written in the space provided.

**REQUIRED DOCUMENTS**

The application and any necessary supplemental items can be submitted via email to

hpadvising@fullerton.edu or delivered to UH-223.

**DUE DATE**

Friday, March 1st by 5pm

Award Application

*Please enter your answers into the form fields provided below.*

*You may direct any questions to* [*hpadvising@fullerton.edu.*](file:///C:\Users\chcardenas\Downloads\marortiz@fullerton.edu)

I. PERSONAL DATA

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name:** |  | **Middle Name:** |  | **Last Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Email Address:** |  | **CWID:** |  |

**Address:**

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*Street Address (Line 1) Street Address (Line 2)*

|  |
| --- |
|  |

*City State Zip Code Country*

|  |  |  |  |
| --- | --- | --- | --- |
| **Home Phone:** |  | **Cell Phone:** |  |

II. ACADEMIC BACKGROUND

**Please list all Undergraduate Institutions attended. An example (in grey font) has been provided below for your reference**.

University/College Dates Program Level Major Degree Cum GPA Science GPA

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Ex: CSU Fullerton** | **8/24/06-5/16/10** | **Undergraduate** | **Biology** | **BS** | **3.56** | **3.67** |
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III. CLINICAL EXPERIENCES

Regarding clinically related experiences provide a general summary of your clinical exposure to healthcare, any direct interaction with patients, work in clinics, shadowing, and other clinically related experience.

**You may enter up to 3 experiences below**. Please enter only *significant* experiences and remember that we are more interested in quality than quantity.

In the available space for each experience description, here is a suggested format:

• Describe the nature of the organization

• Describe what you did or accomplished

• Describe what you learned.

EXPERIENCE 1

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **E****xperience Name:** | |  | | | | | |
| **Experience Type:** | |  | | | | | |
| **Dates: From:** |  | | | **To:** |  | **Average Hours Per Week:** |  |
| **Organization Name:** | | |  | | | | |
| **Contact Name:** |  | | | | | | |

***Experience Description (1325 characters, includes spaces):***

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| --- |
|  |

EXPERIENCE 2

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Experience Name:** | |  | | | | | |
| **Experience Type:** | |  | | | | | |
| **Dates: From:** |  | | | **To:** |  | **Average Hours Per Week:** |  |
| **Organization Name:** | | |  | | | | |
| **Contact Name:** |  | | | | | | |

***Experience Description (1325 characters, includes spaces):***

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EXPERIENCE 3

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Experience Name:** | |  | | | | | |
| **Experience Type:** | |  | | | | | |
| **Dates: From:** |  | | | **To:** |  | **Average Hours Per Week:** |  |
| **Organization Name:** | | |  | | | | |
| **Contact Name:** |  | | | | | | |

***Experience Description (1325 characters, includes spaces):***

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IV. COMMUNITY SERVICE

Regarding community service related experiences, provide a general summary of your on and off campus engagement in community service and volunteering. Highlight your role in each setting and what you learned.

**You may enter up to 3 experiences below**. Please enter only significant experiences and remember that we are more interested in quality than quantity.

In the available space for each experience description, here is a suggested format:

• Describe the nature of the organization

• Describe what you did or accomplished

• Describe what you learned.

EXPERIENCE 1

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Experience Name:** | |  | | | | | |
| **Experience Type:** | |  | | | | | |
| **Dates: From:** |  | | | **To:** |  | **Average Hours Per Week:** |  |
| **Organization Name:** | | |  | | | | |
| **Contact Name:** |  | | | | | | |

***Experience Description (1325 characters, includes spaces):***

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EXPERIENCE 2

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Experience Name:** | |  | | | | | |
| **Experience Type:** | |  | | | | | |
| **Dates: From:** |  | | | **To:** |  | **Average Hours Per Week:** |  |
| **Organization Name:** | | |  | | | | |
| **Contact Name:** |  | | | | | | |

***Experience Description (1325 characters, includes spaces):***

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|  |

EXPERIENCE 3

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Experience Name:** | |  | | | | | |
| **Experience Type:** | |  | | | | | |
| **Dates: From:** |  | | | **To:** |  | **Average Hours Per Week:** |  |
| **Organization Name:** | | |  | | | | |
| **Contact Name:** |  | | | | | | |

***Experience Description (1325 characters, includes spaces):***

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V. ESSAY PROMPT

Please complete the essay prompt below as it relates to the award selection above. Please do not exceed 5,000 characters.

Essay Prompt: Describe your involvement in SHPA.