



UNIVERSITY OF UTAH  
COLLEGE OF HEALTH

## Scholarship Application

### Applying for (Name of Scholarship):

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Please type or print legibly, completing **ALL** fields. Attach supporting documents for consideration. Submit prior to the scholarship deadline:  
Center for Student Success, HPR N, Room 200

Date:	Circle: Mr., Mrs., or Ms.
First Name:	Last Name:
Street Address:	City:
State:	Zip Code:
Mobile:	Other Phone:
Declared Major: _____ <i>(Pre-major will not be accepted)</i>	Unid: _____
Email: _____	Current GPA: _____ <i>My Degree Dashboard (Formerly DARS)</i>
Anticipated Graduation Date: _____ <i>Semester and Year</i>	Other College(s) attended within the last two years (if any): _____
Resident of Utah, Circle: Yes No	If no, State or Country of Residence:
U.S. Citizen, Circle: Yes No	Legally residing in the U.S., Circle: Yes No