

## **GENERAL INFORMATION**

Phone #       E-Mail Address         Are you a U.S. citizen? (Please Circle) Yes / No       U.S. permanent resident? (Please Circle) Yes / No         If you are not a U.S. citizen, what is your immigration status?		are you applying for?	(Write name of th	ne program)	
Address       Street       Apt. or Box#         City       State/Province       Zip/Postal Code       Country         Phone #       E-Mail Address       Country       E-Mail Address         Are you a U.S. citizen? (Please Circle) Yes / No       U.S. permanent resident? (Please Circle) Yes / No       If you are not a U.S. citizen, what is your immigration status?         Have you ever been convicted of a misdemeanor? (Please Circle) Yes / No       Have you ever been convicted of a felony? (Please Circle) Yes / No         Regardless of adjudication, have you ever been convicted of, or entered a plea of guilty or nolo contendere to a felony? (Please Circle) Yes / No       Regardless of adjudication, have you ever been convicted of, or entered a plea of guilty or nolo contendere to a felony? (Please Circle) Yes / No         If you answered yes to either of the questions above, please provide a brief explanation on a separate sheet of paper.       Do you currently hold another professional license? If so, what is your credential?         CADEMIC INFORMATION       Edgree(s) received or pending? (Please Circle all that apply.)       Associate       Bachelor       Master       Doctorate       Other	Name	First	Middle	Last	
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Major(s) Date Received Degree	,		,		
	Associate Bac	chelor Master	Doctorate	Other	
	Major(s)			Date I	Received Degree
If you received any additional certificate/degrees, please list here	If you received	any additional certificate/degrees,	please list here		

If yes, write name, date, and score

Briefly describe withing 200 words the reason why you are applying for this scholarship.

## REFERENCES

Please provide each referent with a Character Reference Questionnaire and have him or her send the completed form directly to the Office of scholarship. Please note: These references cannot come from family members.

Name #1

Name #2

I, the undersigned, certify that the information contained in this application is true and correct.

Signature of Applicant \_

The University of Integrated Health, UIH, Office of Admissions: scholarship@uih.education