Presidential Scholarship – Sponsored by Clarkson Regional Health Services Application

Name _____
Program of Study_____
Anticipated Start Date at Clarkson College_____

Scholarship Specific Requirements:

- Must be a new student at Clarkson College enrolled in an associate or bachelor's degree program.
- Exceptional academic achievement demonstrated with a 3.75 high school GPA or higher or a 3.5 college transfer GPA or higher. The GPA used will be the GPA from the student's acceptance to the college.
- Demonstrates values of compassion and caring through service to others. Applicants must submit a list of service hours completed and one contact person to verify hours if needed.
- Must list involvement in extracurricular activities, honor societies, professional organizations, etc.
- Demonstrated leadership through involvement in multiple school, workplace, and/or community activities. List years of contribution and leadership positions held.
- Applicants must provide two letters of recommendation of their choice.
- Complete a 500-word essay that includes the following:
    - A brief introduction of who you are to the selection committee.
    - A brief reflection on how you have demonstrated values of compassion and caring through service to others (i.e., community and volunteer work, work/life experience, etc.).
    - A brief description of how your chosen health profession will innovatively contribute to the needs of others.

- Recipients are required to attend two (2) mentor appointments with a designated faculty member and a minimum of one (1) activity or group meeting each enrolled semester.
- Recipients must maintain a minimum of a 3.0 cumulative GPA and remain in good academic and behavioral standing to continue receiving the scholarship.
- Students may be enrolled either full or part-time; however, the annual scholarship amount is awarded based on academic year and cannot exceed four (4) years.

Declaration:

I hereby declare that all the information provided in this application is true and accurate to the best of my knowledge. I understand that any false information may result in the rejection of my application. If selected, I understand and will abide by the requirements to maintain the scholarship.

Signature: _____

Date: _____

Please contact the **Clarkson College Financial Aid and Scholarships Office** at 402-552-2749 or financialaid@clarksoncollege.edu with any questions.