



**The Bishop Afonya Healthcare Scholarship  
Application for the 2020-2021 Academic Year**

*Type or print neatly:*

**Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cellular Phone:** \_\_\_\_\_

**Current GPA:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Post-Secondary or higher institution in which I am enrolled (or plan to enroll):**  
\_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Healthcare field(s) of study I plan to pursue:** \_\_\_\_\_  
\_\_\_\_\_

**1) What life experiences or who has inspired you to seek a healthcare education and career?**

**\*\*\*Please answer on a separate piece of paper**

**2) What is your career goal and how do you plan to make a meaningful difference?**

**\*\*\*Please answer on a separate piece of paper**

**Submit application form, a copy of your current grades transcript, a resume and (2) short (one-page) letters of recommendation to the Foundation office (323 S Minnesota St, Crookston, MN 56716) by noon on April 15, 2020.**