

Bill Kane Scholarship

Undergraduate Award \$1,000

Presented by the Society of Health and Physical Educators

The award will be \$1,000.00 per scholarship. Recipients may spend the award in any manner they desire. Recipients will also receive a one-year complimentary student membership in SHAPE America. **The deadline for application is October 15.** The recipient will be notified by January 15.

Eligibility Requirements

1. The scholarship is open to any student officially recognized as an undergraduate health education major at an accredited college/university in the United States or a U.S. territory.
2. The student must currently be enrolled at a university/college full time (12 hrs) for both the fall and spring semesters of the academic year during which the recipient is applying.
3. The student must have sophomore, junior, or senior status at the time of application.
4. The student must have a minimum, current overall GPA of 3.25 on a 4.0 scale by the application deadline, **October 15.**
5. The student must show evidence of leadership potential.
6. The student must be academically talented.
7. The student must be active in health education profession related activities, organizations, at the university/college, and/or the community.
8. The student essay (item #16 on application form) must also address - What the student hopes to accomplish as a health education specialist in training and as a professional health education specialist in the future. It should include the attributes and aspirations brought to the field of Health Education.
9. Three letters of recommendation (item # 17 on application form) from your professors should accompany each application form. Each letter should be put in separate envelope and each envelope should be sealed and signed across at the back by the recommender. Each professor should address, to the fullest extent possible, academic status, leadership potential, involvement in health education profession related activities and organizations, and their perception of the student's future contributions to the profession as a professional health education specialist.
10. Completed application and supporting materials must be typed and submitted by October 15 of the year of the award.
11. Prior Bill Kane undergraduate award recipients may not apply.

Criteria

Show evidence of leadership potential ■ Be academically talented ■ Be active in health education profession-related activities or organizations at the college or university and/or community level

Bill Kane Scholarship Award, Undergraduate Level Official Scholarship Application

Please Type & Submit Materials with This Form on Top - Incomplete Applications Will Not Be Accepted

Last Name First Name

Home Address

City State Zip Code

Local Address

City State Zip Code

Phone Number

Email

Current University/College

Current School/College

Current Major

Expected Graduation Date

Past Undergraduate Institution (if applicable)

Major

Minor

Degree Granted

Year

Current Academic achievements (as of current semester) Cum. GPA Major GPA

Academic Classification as of Current Semester (check one).

Undergraduate Freshman Sophomore Junior Senior

ON AN ADDITIONAL SHEET OF PAPER PLEASE ANSWER THE FOLLOWING:

List your career goals:

Please list all of the extracurricular service activities (professional organizations, school, community, etc) in which you have been involved during the past two years:

List any academic honors, awards, etc you have received:

Submit a double-spaced, **TYPED** essay about yourself, health education, career interests, the goals you have set for your life - what you hope to accomplish as a health educator in training and in the future - include the attributes and aspirations brought to the field of health education. (Your essay must be approximately 400-450 words in length.):

Submit **three (3)** letters of recommendation from your professors.

Submit a current, official transcript of all college study completed including the fall semester.

Submit a current resume.

How did you learn about the scholarship?

Who encouraged you to apply for Scholarship?

What will you use the money for should you be awarded the Scholarship? (There are no restrictions on how you use the Scholarship)?

Your signature indicates that the information submitted on this application and any attachments is current and accurate.

Document Signature Field

Date

Scholarship Documentation Checklist:

- Cover Sheet
- Career Goals
- List of extracurricular service activities (professional organizations, school, community, etc)
- List academic honors, awards, etc
- Typed essay about yourself, health education, career interests and about the goals
- Three (3) letters of recommendation
- Current, official transcript of all college study completed including the fall semester

Submit to:

SHAPE America Scholarships

1900 Association Drive

Reston, VA 20191-1599

703/476-3400 www.shapeamerica.org

DEADLINE: October 15