



Dear Applicant,

You have indicated interest in the Phil Huffine Memorial Wellness Scholarship offered through the Wellness Council of Indiana (WCI). We are happy to provide you the following guidance which incorporates the application form. The WCI will issue up to 3 individual \$1,000 scholarships annually. The awards will be made prior to June 15 each year. If you desire to submit your application

by mail, send it to: Wellness Council of Indiana, 115 W Washington Street, Suite 850 S, Indianapolis, IN, 46204. You may also Email your application to info@wellnessindiana.org. **Application must be received by May 1, 2011**

There are a number of factors that will be used to determine the best candidates for the annual scholarships. You can request assistance via e-mail to (insert contact) if you have questions about this process. Scholarship recipients will be awarded from applicants who:

- ✓ Must be a US citizen and currently an Indiana resident;
- ✓ Are currently attending or have registered for an accredited public or private school within the state of Indiana;
- ✓ Have selected education that will lead to a career path in the field of wellness and/or health promotion;
- ✓ Have completed the ENTIRE Scholarship Application form and did so clearly;
- ✓ Priority points will be given if you or a relative work for a company who is a sponsor or member of the Wellness Council of Indiana;
- ✓ Have demonstrated sincerity to be successful in the wellness industry and are committed to keeping your expertise to the betterment of Indiana citizens;
- ✓ Recipients of this scholarship will be publicized along with announcements from the Wellness Council of Indiana.

Thank you for considering this scholarship. The Wellness Council of Indiana is dedicated to the promotion of good health and wellness for all Indiana citizens through workplace wellness promotion and programs. We hope that as you begin the process of completing this application you too see the value to a healthier and better wellness in Indiana

PHIL HUFFINE MEMORIAL WELLNESS SCHOLARSHIP APPLICATION



All questions MUST be answered. The responses to the questions contained on this application can be done on a separate piece of paper and should be typed in 12 point font with 1 inch margins. Please keep all answers concise. If a question does not apply to you, please acknowledge this with an 'N/A' or 'Not Applicable' so we may be certain you have read all the questions.

DEADLINE FOR SUBMITTAL: May 1, 2011

GENERAL INFORMATION

Name:		
Address:		
City:	State:	Zip Code:
Email:		
Phone (Primary):	Phone (Other):	SSN#:
Date of Birth:		

LIST ALL DIPLOMAS, DEGREES, AND/OR CERTIFICATIONS YOU HAVE ALREADY RECEIVED

List:	School:	Year:
List:	School:	Year:
List:	School:	Year:

IF YOU ARE CURRENTLY IN SCHOOL/TRAINING DESCRIBE THE PROGRAM YOU ARE IN

Program:	School:
Time Remaining	Describe:

DESCRIBE ANY OTHER FINANCIAL ASSISTANCE FOR PROGRAM YOU ARE IN

Source:	Level:
Source	Level



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ARE YOU CURRENTLY WORKING? IF SO: NAME AND ADDRESS OF PRESENT JOB

Name and Address:	Title:
Worked From:	Internship?

DOES THIS JOB PERTAIN TO YOUR CAREER ASPIRATIONS? IF YES, EXPLAIN HOW.

OTHER EXPERIENCES IN WELLNESS OR HEALTH PROMOTION

Location	Worked From:	To:	Type of Work
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Primary Duties and Special Skills:

Location	Worked From:	To:	Type of Work
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Primary Duties and Special Skills:

HOW DID YOUR PAST EXPERIENCE HELP TO SOLIDIFY YOUR INTERESTS IN WELLNESS/HEALTH PROMOTION?



PHIL HUFFINE MEMORIAL WELLNESS SCHOLARSHIP APPLICATION

THREE REFERENCES

Name:		Title:
Phone:		Relationship:
Name:		Title:
Phone:		Relationship:
Name:		Title:
Phone:		Relationship:
DO YOU OR A RELATIVE WORK FOR A WELLNESS COUNCIL OF INDIANA MEMBER COMPANY?		
Yes	No	Name of Organization:
CAREER INTERESTS AND GOALS (ESSAY)		
<p>A: Tell us in your own words your definition of Wellness. How do you think Wellness and Health are alike and differ? How do you incorporate wellness into your personal life? Why is wellness and Health Promotion important in one's personal life and in the business sector? Do not exceed 1 typed page. Attach an additional paper if you need more room.</p>		
<p>B. What are your career goals and how did you come to this decision? Describe a person or event that was most influential in helping you make this career decision. Do not exceed ½ typed page. Attach an additional paper if you need more room.</p>		
<p>C. How will this Scholarship help you further your career goals? This is your opportunity to talk to the Scholarship Committee. Please include how this will improve your work and your home life. Do not exceed ½ page. Attach an additional paper if you need more room.</p>		
<p>D. What you believe will be the greatest challenge to wellness in Indiana in the future? Do not exceed ½ page.</p>		
SUBMISSION AND SIGNATURE		
<p>Please submit this application to the contact listed on the first page of the instruction WITH A SEALED LETTER OF REFERENCE FROM YOUR ADVISOR OR INSTRUCTOR. Thank-you!</p>		
Signature:		Date: