



DR. DAVID H. WEGMAN ENDOWED SCHOLARSHIP AWARDS CRITERIA

FILING DEADLINE: MAY 2, 2013

The Wegman Scholarship will be awarded to two Junior or Senior Undergraduate students in the School of Health and Environment who are committed to an integrated vision of health and environment.

Eligibility (check to see if you qualify):

- _____ Are you an undergraduate enrolled in the School of Health and Environment?
- _____ Are you a Sophomore or Junior in your department as of spring semester 2013 and will you be a Junior or Senior in the fall 2013 semester?
- _____ During the upcoming award year (2013-2014), will you be taking a minimum of four courses or 12 credit hours each semester?
- _____ Do you have a minimum G.P.A. of 3.00 from UMass Lowell courses, with no more than 30 transfer credits?

If you can answer "yes" to all of these questions, you may be eligible for the Wegman Scholarship. Fill out the attached application and email it to Pauline Ladebauche at Pauline_Ladebauche@uml.edu by **Monday May 2, 2013**. Applications may also be mailed to Pauline Ladebauche, UMass Lowell, School of Health and Environment, 3 Solomont Way, Suite 1, Lowell, MA 01854.



DR. DAVID H. WEGMAN ENDOWED SCHOLARSHIP

Student Application 2013-2014
Deadline for filing: Monday May 2, 2013

Please provide a personal statement (limited to 1 page) that speaks to the following questions: How can you demonstrate your commitment to an integrated vision of health and environment? (Provide specific examples of how you are doing this today in your academic or personal life and how you plan to do this in your future career.) What difference will this award make in terms of realizing your vision (please note differences in addition to reducing financial demands)?

Please attach at least one letter of recommendation from a teacher, employer or other person who can speak to your scholarship and dedication to health and environment.

_____/_____/_____
Date

_____-_____-_____
Student ID Number

Last Name (please print)

First Name

Middle Initial

Home Street Address

Home Telephone Number

City, State, Zip Code

On-Campus Telephone Number

Email Address

Cell Phone Number

Anticipated Graduation Date (Month/Year) _____ Major _____

SHE Department (please check one):

Clinical Laboratory & Nutritional Sciences Physical Therapy

Community Health & Sustainability Work Environment

Nursing

Are you a transfer student? Yes or No If so, how many credits were transferred to UMass Lowell? _____

Previous College(s) Attended and Dates: _____

Current Cum. Average (G.P.A.) _____

Summer Employment Experience and Dates:

Dates	Employer	Job Title/Tasks	Hours/week

Academic Year Employment Experience and Dates:

Dates	Employer	Job Title/Tasks	Hours/week

Activities, Hobbies, Memberships: _____

*Please email completed application to Pauline Ladebauche at pauline_ladebauche@uml.edu by Monday May 2, 2013
Applications may also be mailed to Pauline Ladebauche, UMass Lowell, School of Health and Environment,
3 Solomont Way, Suite 1, Lowell, MA 01854.*