

Scholarship Program for High School Seniors



APPLICATION PACKET

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Deadline: [March 31, 2012](#)

Rainbow Rehabilitation Centers

Scholarship Program for High School Seniors

Purpose: To provide a scholarship to a deserving [Farmington Public Schools](#) graduating senior with an intent to pursue a health care or health services course of study in an accredited Michigan college or university.

Award Components: One (1) \$1,000 scholarship will be awarded to one (1) student selected by the Rainbow Rehabilitation Centers Scholarship Committee.

Student Criteria and Eligibility

1. Applicant must be a Michigan resident.
2. Applicant must be a graduating high school senior in the year of the award.
3. Applicant must be a full-time Michigan college/university freshman in the coming academic year with an intention to pursue a health care or health services course of study in an accredited Michigan college or university. Confirmation of college or university enrollment will be requested prior to funding the award.
4. Minimum GPA of 2.75

Deadline for application is [March 31, 2012](#)

Applications postmarked after this date will not be considered.

Selection of Finalists

Rainbow Rehabilitation Centers awards scholarships based on merits and qualifications of the applicant. Financial need is not a factor of consideration. Rainbow Rehabilitation Centers is firmly committed to a policy of nondiscrimination against any person on the basis of race, color, national origin, age, religion, sex, marital status, disability, veteran status, height, weight or any other characteristic protected by law.

Announcement of Winner

The scholarship winner will be notified by letter in [April 2012](#). The scholarship award becomes official when the winner returns a form which confirms his/her enrollment in a Michigan accredited college or university and the student's signature verifying acceptance of the scholarship.

Rainbow Rehabilitation Centers Scholarship Program for High School Seniors

STUDENT APPLICATION

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____

Name of High School Currently Attending _____

Dates of Attendance (month-year) to (month-year) _____

Rainbow Rehabilitation Centers awards scholarships based on merits and qualifications of the applicant. Your application will be given careful consideration by the Scholarship Committee. Your application is the main source of information concerning your qualifications. Therefore, be as specific as possible when completing the application.

Deadline for application is [March 31, 2012](#). Applications postmarked after this date will not be considered.

Submit application packet to:
Scholarship Committee
Rainbow Rehabilitation Centers
38777 Six Mile Rd., Suite 101
Livonia, MI 48152

Instructions for Applying

1. Fill out all sections of the application completely. Application must be typed or printed legibly (incomplete applications will not be considered).
2. Answer each question completely. Mark "N/A" for items not applicable.
3. Submit two (2) letters of recommendation from the student's high school teachers, administrators and/or former employers (forms included).
4. Submit an essay of not more than 500 words prepared by the applicant summarizing the applicant's objective of further education and career goals, as it relates to the health care or health services industry.
5. Submit complete high school transcript with cumulative grade point averages and a class standing/rank.

Activities/Organizations

Please list activities/organizations in school and outside of school that you have been involved in or are involved in currently (e.g., clubs, athletics, student government, community service).

Honors/Awards

Please list honors/awards you have received in school and outside of school. Indicate date(s) received.

Name of honor/award	Purpose	Date received
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Work/Volunteer Experience

List work or volunteer experience beginning with your most recent position. Attach a separate sheet if necessary.

Position _____ Hours per week _____

Dates of employment (month-year) to (month-year) _____

Duties _____

Position _____ Hours per week _____

Dates of employment (month-year) to (month-year) _____

Duties _____

Work/Volunteer Experience (continued)

Position _____ Hours per week _____

Dates of employment (month-year) to (month-year) _____

Duties _____

Position _____ Hours per week _____

Dates of employment (month-year) to (month-year) _____

Duties _____

Position _____ Hours per week _____

Dates of employment (month-year) to (month-year) _____

Duties _____

Acknowledgement

I understand that this scholarship is for full-time college studies leading to a career in the health care or health services industry, which I plan to pursue. I also understand that if I am awarded a scholarship, I must complete a form which confirms my enrollment in a Michigan accredited college or university and sign verifying my acceptance of the scholarship. I verify that the information I have supplied is accurate and true.

Signature _____ Date _____

Rainbow Rehabilitation Centers Scholarship Program for High School Seniors

REQUEST FOR OFFICIAL TRANSCRIPT

Directions for Scholarship Candidate

Please type or print all information and fill in the blanks.

Submit this form to your school office or administrator for processing.

Transcripts must be submitted along with your application. Do not mail separately.

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____

Name of High School Currently Attending _____

Address _____

City _____ State _____ Zip _____

Dates of Attendance (month-year) to (month-year) _____

Student Signature _____ Date _____

Directions for school office or administrator

Please send a copy of official transcript to the scholarship candidate listed above.

Rainbow Rehabilitation Centers Scholarship Program for High School Seniors

RECOMMENDATION FORM

Directions

Scholarship Candidate — Please type or print all information and fill in the blanks. Applicant must complete Part I and send to reference with an envelope which is to be sealed by him/her and labeled: **Scholarship Committee, Rainbow Rehabilitation Centers**. **The unopened envelope must be submitted along with your application. Do not mail separately.**

Part I (to be completed by the applicant)

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____

Student Signature _____ Date _____

Part II (to be completed by the reference)

The person identified above wishes to be considered for a scholarship from the **Rainbow Rehabilitation Centers Scholarship Program for High School Seniors**. These scholarships are awarded to young men and women who intend to pursue a health care or health services course of study. This information will be used only for selection purposes and will be viewed only by the Rainbow Rehabilitation Centers staff and screening committee. Feel free to use or attach a separate sheet.

- A. How well do you know the applicant? Somewhat Well Very well
- B. How long have you known the applicant? Less than 1 year 1-5 years 6-10 years Over 10 years
- C. In your opinion, to what degree does the applicant demonstrate a genuine interest in the health services or health care field? None Somewhat Strong Very strong
- D. Identify and explain the candidate's major strength.

RECOMMENDATION FORM (continued)

E. Identify and explain the candidate's leadership ability.

Horizontal lines for writing response E.

F. Tell us anything additional that you feel would be helpful to us in our selection process.

Horizontal lines for writing response F.

G. Recommendation of candidate for scholarship award:

Not recommended Recommend Strongly recommended

H. Please type or print:

Name _____

School/Company _____

Position or Title _____

Address _____

City _____ State _____ Zip _____

Phone _____

Signature _____ Date _____

Rainbow Rehabilitation Centers Scholarship Program for High School Seniors

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Address _____

City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____

Student Signature _____ Date _____

Part II (to be completed by the reference)

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- C. In your opinion, to what degree does the applicant demonstrate a genuine interest in the health services or health care field? None Somewhat Strong Very strong
- D. Identify and explain the candidate's major strength.

RECOMMENDATION FORM (continued)

E. Identify and explain the candidate's leadership ability.

Horizontal lines for writing the response to section E.

F. Tell us anything additional that you feel would be helpful to us in our selection process.

Horizontal lines for writing the response to section F.

G. Recommendation of candidate for scholarship award:

Not recommended Recommend Strongly recommended

H. Please type or print:

Name _____

School/Company _____

Position or Title _____

Address _____

City _____ State _____ Zip _____

Phone _____

Signature _____ Date _____

Rainbow Rehabilitation Centers Scholarship Program for High School Seniors



APPLICATION CHECK LIST

Before submitting your application, please make sure you've included:

- Completed application form typed or printed legibly (**Pages 3-6**)
- Two (2) letters of recommendation from high school teachers, administrators and/or former employers. (**Pages 8-11**)
- An essay of not more than 500 words prepared by the applicant summarizing the applicant's objective of further education and career goals, as it relates to the health care or health services industry.
- A complete high school transcript with cumulative grade point averages and a class standing/rank. You may use the Transcript Request form on **Page 7**

Deadline for application is **March 31, 2012**. Applications postmarked after this date will not be considered.

Submit application packet to:
Scholarship Committee
Rainbow Rehabilitation Centers
38777 Six Mile Rd., Suite 101
Livonia, MI 48152

The scholarship winner will be notified by letter in **April 2012**.

Thank you for interest in the Rainbow Rehabilitation Centers Scholarship Program.