**DR. B.I. AND FLORA MUELLER SCHOLARSHIP**

**Name:**

**Address:** **Phone #:**

**Father’s Name:** **Occupation:**

**Mother’s Name:** **Occupation:**

**Overall Grade Average:** **Rank in class:**

**ACT/SAT Score:**

**Name of college/university/trade school you plan to attend:**

**Intended major/field of study:**

**Please list the names and amounts of any other grants, scholarships or financial aid that you are receiving or expect to receive:**

**On a separate sheet of paper, please answer the following questions. Be brief and specific.**

1. **List your academic, extra-curricular and community involvement and any awards and/or recognition received.**
2. **Describe your educational and career goals.**
3. **Explain your financial need and how this scholarship will help.**

**\*\*Selection will be based primarily upon academic performance and leadership ability.  Students must be pursuing a career in the health services field. Financial need will be a secondary consideration.**

**Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**