

THE STEPS FOR CHANGE 2024 SCHOLARSHIP

www.wealthbyhealth.org

The Wealth by Health Steps for Change Foundation is awarding \$2,000 renewable scholarships to the top three student applicants who display academic excellence, exude passion in empowering the community, and exemplify a desire for continuous personal growth.

For the Steps for Change Scholarship consideration, please complete the application in its entirety, and submit the application along with all supplemental material by May 15th, 2024.

I. BIOGRAPHICAL INFORMATION								
Full Name*:					Se	ex: □ M	□ F □ Other	
Address*:					City*:			
State*:	Zip Code*: DOE			OB*	*: / /			
E-mail Address*: Phone N			Number:	lumber:				
Citizenship Status*: □ US Citizen □ Other:								
What was your parents' approx. household income before taxes last year?* [Proof of Household Income will be required upon awardment]						\$		
If any, what was your income before tax last year?*				\$				
How many dependents are there in your household?*								
II. ACADEMIC INFORMATION								
High School Attending*:		GPA*: SA		AT/A	AT/ACT Score:			
AP/Honors Courses Taken*[List no more than 12 AP/Honors courses taken]:								
Applied Colleges/Universities*:								
Accepted Colleges/Universities*[highlight the accepted college student will be attending if decision already made]:								
Please list all scholarships and the associated ame [Proof will be requested upon awardment]:	ounts received fror	n the ac	cepting c	ollege and/or	any g	government g	grants*	

III. SCHOOL & COMMUNITY ACTIVITIE	S	
Please list all school organizations invol		d the years of participation.
List in descending order of significance	•	
Organization:		Years of Participation:
Position:	_ Duties:	
Organization:		Years of Participation:
Position:	_ Duties:	
Organization:		Years of Participation:
Position:	_ Duties:	
Organization:		Years of Participation:
Position:	_ Duties:	
Please list three volunteer activities and significance the activities, your role, day	•	9
Organization:		Years of Participation:
Position:	_ Duties:	
Organization:		Years of Participation:
Position:	_ Duties:	
Organization:		Years of Participation:
Position:	_ Duties:	
List any awards, scholarships, or recogn	nitions you have received*:	

IV. SHORT ANSWERS
Please complete all short answers in 100-200 words.
1. Please describe your career goals and how this scholarship will help you continue your education.*
2. Please describe how you have demonstrated leadership ability both in and out of school.*
3. Describe how your volunteer activities and community involvement listed in Section III help prepare you to achieve your career goals.*
4. At Wealth by Health, our goal is to provide opportunity to those from disadvantaged backgrounds to pursue higher education. Describe what personal challenges you have faced that would make you eligible for this scholarship.*
5. What personal accomplishment are you most proud of and why?*
6. Lifelong learning is an essential process for continued professional development. This includes reflection and being open and responsive to constructive feedback. Please tell us about an area of intellectual (academic or non-academic) exploration you're passionate about, and your approach to exploring this area.*

In a separate document, please answer the question below in a maximum of 500 words.					
1. Pick an experience from your own life and explain how it has influenced your development.					
Please attach this essay in your submission to scholarships@wealthbyhealth.org.					
SIGNATURE					
By signing below: I certify that the information on this application is true and accurate. I agree to the Terms & Conditions set forth in the Wealth by Health's Scholarship Program.					
Signature Date					

V. ESSAY QUESTION

For scholarship consideration, please submit this full application (including essay question) along with all required supplemental material (official transcript, letter of recommendation, one-minute video) as listed on the scholarship website. For any questions, please feel free to reach us at scholarships@wealthbyhealth.org or call us at 1-888-996-9985.