



The Veronica Y. Bedford Scholarships Foundation

Health & Wellness Student Scholarships

The Annual Veronica Y. Bedford Foundation Sponsored Scholarships will be awarded to those who best meet the requirements set forth by the Scholarship Committee. Scholarship awards are limited to cover tuition, course fees, and books as long as you remain a student during the life of the scholarship and maintain all other requirements. Award amounts are at the discretion of the Scholarship Committee.

The Selection Committee will review and score all submitted applications. Applicant's references may be contacted by telephone or email. The Scholarship Committee may choose to interview applicants. The scholarship recipients will be notified 30 days after the application due date.

Guidelines to apply for The Veronica Y. Bedford Scholarships Foundation

\$250 Cash Scholarship	\$500 Cash Scholarship	\$750 Cash Scholarship
Recipient Qualifications: --African American male (no age restrictions) and a U.S. citizen or resident. --Enrolled in an Associate's Degree or Certificate program concentrating on Health/Wellness (e.g., Health Coach, Health Educator, Nutrition, Acupuncture, Integrative Health, etc.). --Enrolled either as residential (on-campus) or online, full-time or part-time. --Submit your high school or college unofficial transcript. --These funds are for tuition, course fees, and books as long as you remain a student during the life of the scholarship and maintain all other requirements. --One (1) 2-page essay performing a self-evaluation of your accomplishments and opportunities for improvement. Additionally, include how a profession in Health/Wellness will improve your life and that of your community/family.	Recipient Qualifications: --African American male (no age restrictions) and a U.S. citizen or resident. --Enrolled in a Bachelors Degree program concentrating on Health/Wellness (e.g., Health Coach, Health Educator, Nutrition, Acupuncture, Integrative Health, etc.). --Submit your high school or college unofficial transcript. --These funds are for tuition, course fees, and books as long as you remain a student during the life of the scholarship and maintain all other requirements. --One (1) 3-page essay performing a self-evaluation of your accomplishments and opportunities for improvement. Additionally, include how a profession in Health/Wellness will improve your life and that of your community/family.	Recipient Qualifications: --African American male (no age restrictions) and a U.S. citizen or resident. --Enrolled in a Masters or Doctoral Degree program concentrating on Health/Wellness (e.g., Health Coach, Health Educator, Nutrition, Acupuncture, Integrative Health, etc.). --Submit your Bachelors or Masters Degree unofficial transcript. --These funds are for tuition, course fees, and books as long as you remain a student during the life of the scholarship and maintain all other requirements. --One (1) 4-page essay performing a self-evaluation of your accomplishments and opportunities for improvement. Additionally, include how a profession in Health/Wellness will improve your life and that of your community/family.




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All applications and supporting documents must be received no later than the posted due date.

Please order or contact your registrar before this deadline for submission of unofficial transcripts, if needed.

Applicants can deliver the completed application form and all requested documents by:

1. Selecting the  button on the scholarship website
2. Or, directly submitting your application and accompanying documents to kmsmithphd@gmail.com



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SCHOLARSHIP AWARD APPLICATION

INSTRUCTIONS:

1. All questions must be answered. Incomplete applications will be disqualified. Please use N/A to indicate unable to answer. Leave no blanks.
2. Applications must be typewritten or identically reproduced in computer form. All handwritten applications will be disqualified. The application form can be found on the The Veronica Y. Bedford Scholarships Foundation website.
3. Attach additional sheets as needed in order to complete questions 6, 7, 8, and 9.
4. Applications must include the following:
 - Complete Application form, including essay
 - Three references with complete contact information for each (on application form)
 - A copy of your most recent unofficial college transcript (Masters/Doctoral) or high school/college transcript (Bachelors/Associates/Certificate) (*may be sent separately*)
5. Applications must be received by the posted due date. **THERE WILL BE NO EXCEPTIONS.** Applicants can deliver the completed application form and all requested documents by:

1. Selecting the  button on the scholarship website

2. Or, directly submitting your application and accompanying documents to kmsmithphd@gmail.com

6. Successful applicants will be notified on or before 30 days after the posted due date and interviews may be necessary.

Note: Scholarship awards are limited to cover for tuition, course fees, and books as long as you remain a student during the life of the scholarship and maintain all other requirements.

Amounts awarded to successful candidates are at the discretion of the Scholarship Committee.



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Scholarship Application Form

1. Applicant's Name: _____

2. Sponsor (*Optional*): _____

3. Are you a U.S. Citizen ☐Y ☐N

If not, are you a permanent resident ☐Y ☐N

4. List the schools you have attended:

School	Website	GPA/Max Cum.

5. What is your cumulative GPA based on 4.0 weighted scale? _____.

6. Extracurricular Activities: (Feel free to sports, clubs, offices held in school)

7. Community Activities: (Feel free to include church and community activities.)

8. What college will you attend, or are you seeking to attend?

Have you been accepted by the college of your choice? ☐Y ☐N

What is your degree plan AND why did you choose this plan?



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9. Applicant's Brief Employment History:

Dates	Company Name	Position Title	Brief Duties

10. Please supply three personal adult references-other than relatives (e.g., teachers, pastor, long time personal friends, etc.).

Name	Relationship	Contact #	Email

11. Anticipated Date of Graduation: ____/____/____

12. Applicant's Signature or Unique Identifier:

Applicant's Signature

Date

OR, If you are unable to provide a live signature, enter your unique identifier below.

Last 4 digits of SS#

Zip Code

Birth Year

13. Applicant's Contact Information:

Street Address

Apt./Unit #

City

State

Zip Code

_____/_____
Area Code Primary Phone Number

_____/_____
Area Code Alternative Phone Number

E-mail Address @

Sponsor's Signature (Optional)

Date



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14. ESSAY: Prepare a 1, 2, or 3-page essay (based on your degree level) performing a self-evaluation of your accomplishments and opportunities for improvement. Additionally, include how a profession in Health/Wellness will improve your life and that of your community/family. You can attach your essay to your application or send as a separate file.

All spaces must be filled in. Use N/A if appropriate.

DEVIATION FROM INSTRUCTIONS MAY RESULT IN DISQUALIFICATION.