**RENEWAL APPLICATION HEALTHCARE Scholarships**

**Stella Maris Polytechnic College- Monrovia, Liberia**

**Sponsored by Lion’s Love of Liberia Foundation**

**(Please Print)**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_\_\_\_ Female \_\_\_\_\_\_\_\_\_\_**

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facebook Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please submit fully completed renewal application to lionslove2018@gmail.com**

**Attention: Scholarship Committee/Sheila Lovell by May 30th of renewal/current year.**

1. **Please list any academic/non-academic awards, achievements and any volunteer work you have received or done in the past year.**
2. **Has your financial need changed is the past year? If so, please explain.**
3. **Are you in good standing at the college with your grades and attendance?**
4. **Will you be attending your healthcare program this fall?**
5. **How have you seen God at work through you in your studies and clinical work?**

**By submitting this Scholarship Renewal Form, I declare the above information to be accurate and truthful. Furthermore, I give permission to Lion’s Love of Liberia to use photos and video of me and written testimony by me for publicity on its webpage, Facebook page, promotional materials, news releases and other communications.**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**