

Application For Bob Heffern "Get Your Rear In Gear" Memorial Scholarship

Waukon Wellness Center, together with the family of Bob Heffern, is happy to sponsor a Scholarship(s) in Bob's memory to an individual (or individuals) **62 or older who exemplify the qualities and ideals of Bob and his perseverance and dedication to Wellness!!** The Scholarship(s) will be presented as a **1-year Membership to Waukon Wellness Center.** **Individuals may apply on behalf of themselves and/or may also "nominate" an individual** whom they believe would benefit from, and utilize, a membership to Waukon Wellness Center. Applications should be submitted to Waukon Wellness Center no later than **April 30, 2019.** **

Application for Self

Name _____ Age _____ Phone # _____
Address _____

1> What are your Wellness Goals? _____

2> Why are you applying for this Scholarship to Waukon Wellness Center? _____

Application For Nominee

Name _____ Age _____ Phone # _____
Address _____

1> For What Reason<s> do you believe the Nominee should receive this Award? _____

2> Do you believe the Nominee would utilize the membership @ Waukon Wellness Center if awarded? _____

** Award funded in Memory of Bob Heffern by his loving Family. *** If more space is required, please use back.