



Submit application to:
roainfo@roa.org

Eileen M. Bonner Scholarship Award for Medical Excellence

APPLICATION

Name: Rank/Rate: Service:

ROA Member Yes No

Military Information:

Unit of Assignment

Unit of Assignment Address

Unit Commanding Officer

Commanding Officer's Email

Unit OIC Address

Reserve Center/Unit Phone Number

Personal Information:

Applicant Home of Record

Cell Phone Number

Civilian Email Address

Academic Institution Information:

Name of Academic Institution

Institution Address

Academic Program Point of Contact

Name

Email Address

Academic major/Program in which enrolled

Degree/credential to be earned upon graduation/program completion

Anticipated date of graduation/program completion Month Year

Statement Acknowledging Requirement to Attend ROA Convention

I, _____, understand that I must attend the ROA National Convention to acknowledge formal receipt of this scholarship award.

Signature:

APPLICANT ESSAYS

1. In 250 words or less describe an activity you have engaged in within the past two years as part of your reserve duties that you feel is worthy of recognition by ROA through the Bonner Award.

2. In 500 words describe your choice of a health care career, and how you will use this scholarship in your academic pursuit to impact your military and/or civilian career.