



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: a) in which you engaged within the past two years; b) was part of your reserve duties; and c) you think 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.