

## WILLIAM L. LAKIE SCHOLARSHIP

*Purpose of  
the Award:*

To promote the development of professionalism in the fields of health, physical education and recreation by recognizing those graduate students who have demonstrated academic and professional potential in their chosen discipline.

*Eligibility:*

- Must be a degree-seeking graduate student in the Departments of Community Health and Health Services Management, Kinesiology, or Recreation, Park and Tourism Administration.
- Must have full intention of completing the master's degree at Western Illinois University.
- Must have a cumulative grade point average of 3.5 and must have completed a minimum of nine (9) graduate hours.
- Must have displayed evidence of extracurricular professional activities.
- Must have demonstrated evidence of leadership qualities in departmental, college and/or professional activities.

*Amount of Award:*

\$400  
A recognition certificate

*Selection Process:*

Each nominated applicant will be asked to submit a personal data sheet and written statement of philosophy and goals.

The nominees will be considered by an ad hoc committee of two (2) graduate faculty members and the graduate coordinator of the appropriate department.

The final decision will be made by the Dean of the College of Education and Human Services based upon the recommendation of the appropriate departmental ad hoc committee.

The recipient will be presented the award at a spring luncheon.

# THE WILLIAM L. LAKIE SCHOLARSHIP

Department of Community Health and Health Services Management  
College of Education and Human Services

## Application

Please respond to the following questions as completely as possible. Print or type your responses. Neatness and clarity of responses will be considerations in selecting the recipient. Return this application to the Department of Community Health and Health Services Management secretary by September 15.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CURRENT TELEPHONE NUMBER \_\_\_\_\_

STUDENT ID NUMBER \_\_\_\_\_

MASTERS DEGREE PROGRAM \_\_\_\_\_ EMPHASIS \_\_\_\_\_

NUMBER OF GRAD HOURS COMPLETED \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_

ACCUMULATIVE GRADE POINT AVERAGE \_\_\_\_\_

ACADEMIC ADVISOR \_\_\_\_\_

### Professional Activities

On the following pages, describe and reference your involvement in professionally-related service, according to each category.

### Professional Objectives

Please describe your professional objectives following graduation:

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**I. Professional and Health-Related Services/Activities**

Includes, but is not limited to:

- A. Attendance at Conventions/Conferences
- B. Speeches
- C. Publications
- D. Service to health-related agencies such as the County Health Department or voluntary agencies. (May **NOT** include work done for course requirements, internships, or as part of salaried employment)
- E. Other

**II. Membership/Participation in Health-Related Organizations** (also includes health-related services to other organizations)

Includes, but is not limited to:

- A. Memberships, number of years in each
- B. Offices held
- C. Committee service
- D. Special Projects
- E. Other

**III. Demonstrated Evidence of Leadership Qualities**

Includes, but is not limited to:

- A. In the Department of Community Health and Health Services Management
- B. In the College of Education and Human Services
- C. Other Leadership

**IV. Extra-Curricular Professional Activities**

Include such things as service to health-related community agencies, committees, presentations, etc. (May not include work done for course requirements, internships, or as part of salaried employment.)