



Cardiovascular and Risk Reduction Center

The Willis C. Morris AIR Scholarship

The Willis C. Morris AIR Scholarship was established in 2017 in Honor of Willis Clifford Morris for his integrity, his passion, and his service. This scholarship is designed to provide health resources for active or retired veterans and is particularly for candidates who are passionate about synthesizing and maintaining a healthy lifestyle change but have struggled with resources, limiting chronic conditions or inspiration to initiate change. Candidates must be willing to make immediate health changes. Presently all applications submitted on a rolling basis.

QUALIFICATIONS:

- Must be an active or retired veteran
- Ready to take immediate action for your health
- Clearly decipher the limiting factor in your health journey and explain how and why this scholarship will improve your health

DISCLOSURE:

As there are limited funds available, not everyone who applies receives a scholarship. Applications are reviewed by our Board of Directors on the first week of every month.

I have read and understood the conditions of *The Willis C. Morris AIR Scholarship*. I affirm that I am eligible based on the applications requirements and will submit additional documentations upon request. If selected and I accept to receive this scholarship I agree to attend the required lectures/seminars and participate in scholarship meetings/appointments on the pre-determined day(s).

SIGNATURE:

I verify that all information is accurate to the best of my knowledge.

Name

Signature

Date

Thank You for applying and thank you for your service

FOR OFFICE USE ONLY:

Reviewed



The Willis C. Morris AIR Scholarship Application

Candidate Information

First Name _____ M.I. ____ Last Name _____

Permanent Address _____

City _____ State _____ Zip Code _____

Email Address (active) _____

Phone Number _____ *Circle:* Home/Work/Cell

Alternative Number _____ *Circle:* Home/Work/Cell

Are you a current Morris Cardio patient? Yes No

How did you hear about this opportunity? _____

Employment

Who is your current employer? _____

If selected, what would be your level of commitment to the program? Additionally, what day(s) are you available? _____

Objectives

What program are you most interested in? Please rank in order of preference:

1 = most interested and 3= least interested.

_____ Nutritional Counseling	_____ Fitness Program	_____ Diabetes Management Counseling
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