

## **SCK Medical Center's Auxiliary Scholarship**

**\$1,800, within 3 years, is possible!**

Up to four \$300.00 scholarships will be available each semester from South Central Kansas Medical Center's Auxiliary. Recipients may receive up to \$600.00 annually, for three years. These are given by the semester, six semesters, for a sum of \$1,800.

Your name \_\_\_\_\_ date \_\_\_\_\_ email \_\_\_\_\_ phone \_\_\_\_\_

**I. NEW APPLICANTS must complete all eight requirements listed below. Mail those together, \*\*\*\*assuring that they reach this selection committee by the stated deadline in III below.\*\*\*\*\***

**II. PREVIOUS APPLICANTS/RECIPIENTS must "reapply" each semester by sending updated copies of the 4 \*\*starred requirements in the 'check list' below. (Numbers 5, 6, 7, and 8. No. 9 is optional.) Plus, See number 4 below. \*\*Please add that to this semester's application, if you did not include it with your last application.**

**III. ALL APPLICANTS' must meet the DEADLINES: To be considered for a scholarship, we must receive all requirements no later than July 12<sup>th</sup> for a FALL semester and by January 12<sup>th</sup> for a SPRING semester. *Please, don't miss these deadlines.***

*Mail all required items in the same envelope to: SCKMC Auxiliary, Scholarship Chairperson, P O Box 1107, Arkansas City, KS 67005*

### **REQUIREMENTS' CHECK LIST** (Initial all 8 when you complete each.)

- \_\_\_\_\_ 1. In the year 20? you graduated from a high school which has a 67005 zip code in Ark City, Kansas named \_\_\_\_\_
- \_\_\_\_\_ 2. You are classified, by your college, as a Sophomore with 30+ hrs. credit.
- \_\_\_\_\_ 3. You have completed and are sending us, or have sent us, this 3 page application packet, and a picture, about 3 x 4 inches, of yourself that may be used in a newspaper article, along with all other requirements below.
- \_\_\_\_\_ 4. You are enclosing at least one REFERENCE LETTER by a non-family adult.
- \_\_\_\_\_ \*5. You are enclosing a copy of your college transcripts for THIS semester.
- \_\_\_\_\_ \*6. This present semester's transcript shows that you earned at least 12 hours of credits, maintaining a 3.0, "B", or higher GP Average.
- \_\_\_\_\_ \*7. Your chosen HEALTH CARE field is \_\_\_\_\_. .IF this changes, or you are no longer in a HealthCare field, please let us know.
- \_\_\_\_\_ \*8. You're sending a copy of your "next semester's class enrollment" which shows your name, classes with credit hours for each, and the college's name in which you have enrolled for at least 12 hours/ credits.
- \_\_\_\_\_ 9. Optional: If you have accomplished something within the past year, that may influence this selection committee in a positive way, please type and send it with this application. *THANK YOU!*

# SCKMC Scholarship Application

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..to be filled in completely. (Please let us know if your info changes.)

## I. GENERAL INFORMATION:

Name \_\_\_\_\_ phone \_\_\_\_\_ text? Yes \_\_\_ No \_\_\_  
\* Your present address (for correspondence) \_\_\_\_\_  
\_\_\_\_\_ zip \_\_\_\_\_ Birth date \_\_\_\_\_ Present age \_\_\_\_\_  
Marital Status \_\_\_\_\_ Number of children \_\_\_\_\_  
Parent's names \_\_\_\_\_  
Mother \_\_\_\_\_ Father \_\_\_\_\_  
Your Ark City home address \_\_\_\_\_ Phone \_\_\_\_\_  
Your Email address \_\_\_\_\_

## II. HIGH SCHOOL:

High School from which you graduated: \_\_\_\_\_,  
H.S. Address \_\_\_\_\_ City \_\_\_\_\_ zip \_\_\_\_\_  
Other high schools attended, if any \_\_\_\_\_

## III. COLLEGES:

Your freshman year college: \_\_\_\_\_,  
City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_  
College and location where you plan to obtain your Health-care degree.  
Name: \_\_\_\_\_ Street address \_\_\_\_\_  
\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\*\*\* Have you been accepted for admission there? Yes \_\_\_\_\_ No \_\_\_\_\_  
Presently you're a College Soph \_\_\_, Junior \_\_\_, Senior \_\_\_, Post Grad. \_\_\_  
\*\*\* That college's Registrar's office phone number \_\_\_\_\_  
\*Financial Aids' office phone \_\_\_\_\_ address \_\_\_\_\_

**IV. ACTIVITIES:** Explain school, community, church, state etc.  
activities, organizations, and volunteering in which you participated  
when in high school and/or in early college. Include offices held and/or  
other accomplishments in those.(You may add more lines, if needed.)

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**V. YOUR PRESENT and FUTURE:**

**A. REFERENCES:** IF you are or have been employed or volunteering, please fill in these. Employer/supervisor's name: \_\_\_\_\_  
business \_\_\_\_\_ phone: \_\_\_\_\_

How long have you worked there? \_\_\_\_\_ Hours per week? \_\_\_\_\_

\*\*\*\* ALSO, please ATTACH one recommendation / reference letter, written by a non-related adult (teacher, etc)} to this application form. \*\*\*\*

List two more references:1. \_\_\_\_\_ phone \_\_\_\_\_,  
2. Name \_\_\_\_\_ phone \_\_\_\_\_

**B. WHAT INFLUENCED YOU** to enter this Health-Care field of study as a life-time career? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Write any OTHER INFORMATION** about yourself that you feel will be of value to this committee in considering your application. ( May continue on the back of this page if needed .( Label it Part C. continued)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. What are your main GOALS** and life's aspirations in this field?

\_\_\_\_\_  
\_\_\_\_\_

**E. INELIGIBLE:** Please understand that if a recipient drops out or changes career choices at any time, he/she should return that semester's scholarship money to us. It will be needed for others in a Health-Care Field of Study. \*\*You "MAY", and please DO, update this forms' answers as needed. Type and submit updates when reapplying. ( C above, address changes, etc.)

*Thank you!*

Your signature \_\_\_\_\_ Date \_\_\_\_\_.