

KING'S DAUGHTERS HEALTH FOUNDATION HEALTH CAREER SCHOLARSHIP 2017

A scholarship is awarded in the amount of \$2,500 for the first school year, and the use is limited to tuition, room and board, books and lab fees. The scholarship of \$1,250 will be mailed directly to the recipient's school of choice at the beginning of each semester and is non-renewable.

Scholarship winners are required to maintain a 2.50 GPA with a minimum of 12 hours of classes per semester. Winners must provide the Health Foundation with a copy of their transcript at the end of the first semester, in order to receive the second payment of the scholarship.

Applications and other required materials must be submitted unfolded in a 9 x 12 envelope no later than Friday, March 31st. Omission of any of the required materials may eliminate your application from consideration. None of the submitted information will be returned to applicants. Send copies, not originals. Mail to:

Executive Director
King's Daughters Health Foundation
2201 Lexington Ave.
Ashland, KY 41101

You may make additional copies of this form.

ELIGIBILITY REQUIREMENTS:

RESIDENCY

Applicant must be a resident of one of the following states and counties at the time of application and award. (Children of full-time Team Members at King's Daughters are exempt from residency requirement.)

- Kentucky—Boyd, Carter, Greenup, Lawrence
- Ohio—Lawrence
- West Virginia—Wayne

HIGH SCHOOL ENROLLMENT

Applicant must be a high school senior.

EDUCATIONAL/CAREER GOALS

Applicant must be enrolled or have plans to enroll in one of the following healthcare career fields at an educational provider in Kentucky, Ohio or West Virginia:

Two-Year Degrees or Certificates

Medical Laboratory Technology
Medical Transcription
Nursing
Occupational Therapy
Physical Therapy
Radiology
Respiratory Therapy

Four-Year Degrees

Medical Records Administration
Medical Technology
Nursing
Occupational Therapy
Pharmacy
Physical Therapy
Respiratory Therapy
Speech Pathology
Radiology
Pre-Med (required courses)
Pre-Dentistry (required courses)

🏠 SCHOLASTIC CRITERIA

Applicant must meet the following standards:

- Maintained at least a 2.50 grade point average in high school based on the 4.0 system or successfully completed the G.E.D.
- Scored 15 or better on the ACT
- Scored 700 or better on the SAT

🏠 FINANCIAL NEED

Applicant must demonstrate need of financial assistance to meet educational expenses.

APPLICATION REQUIREMENTS:

**THE FOLLOWING ITEMS MUST BE SUBMITTED UNFOLDED
IN A 9 X 12 ENVELOPE BY FRIDAY, MARCH 31ST.**

• COMPLETED APPLICATION FORM

• TYPED LETTER OF APPLICATION

Describe the applicant's situation, need for financial assistance, educational and career goals. Do not exceed 300 words.

• TRANSCRIPT WITH ACT OR SAT SCORE

Provide an official or signed copy of most recent transcript(s) or G.E.D. certificate.

• LETTERS OF RECOMMENDATION

Include three (3) written recommendations from applicant's instructors, employers, community leaders and/or clergy who are not related to the applicant and are in a position to comment on the applicant's abilities, character, personality and commitment to healthcare.

SELECTION CRITERIA:

King's Daughters Health Foundation shall use the following criteria in making scholarship awards:

- Personal letter of application
- Letters of recommendation
- Extracurricular and community service activities
- Financial need
- Academic achievement
- Personal interview

Please note that all information will be part of the scoring criteria and should be prepared carefully, containing as many pertinent details as possible. Finalists will be chosen through scoring of the application, and the scholarship will be awarded based on a personal interview.

King's Daughters Health Foundation is a vital part of the Medical Center's ability to provide the best possible care and services. It is through the foundation's fundraising efforts that KDMC continues to make our communities a better and healthier place to work and live.

APPLICATION FOR KING'S DAUGHTERS HEALTH FOUNDATION \$2,500 HEALTH CAREER SCHOLARSHIP 2017

(Scholarship is for the first year's tuition, room and board, books and lab fees. Please print or type all information.)

PERSONAL DATA

Name _____ Highest ACT/SAT score _____

Home address _____

Phone _____ Date of birth _____ Social Security # _____

EDUCATION AND EMPLOYMENT

High School _____

GPA (min. 2.5) _____ Expected graduation date _____

Recent or current employment experience _____

Volunteer experience _____

Extracurricular and community service activities _____

Is either parent employed at King's Daughters? If yes, specify name and department. _____

FAMILY & FINANCIAL STATUS Check appropriate box and complete information.

<u>I am</u>	<input type="checkbox"/> Single, living at home	Ages of other dependents in family _____	Current annual gross income parents _____ yours _____
	<input type="checkbox"/> Single, living on my own	Ages of dependent(s) (minor children) _____	Your current annual gross income _____
	<input type="checkbox"/> Married	Ages of dependent(s) (minor children) _____	Combined annual gross income _____

OTHER ASSISTANCE

List all other scholarships, grants, educational or personal loans, tuition waivers, or other financial assistance requested (you may provide as an attachment). Please specify type and amounts.

	APPROVED	STATUS PENDING	REJECTED
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I have read and understand this application. To the best of my knowledge, the information contained herein is true and complete. The Health Foundation Scholarship Committee has my permission to contact the school, persons or organizations and employers named in this application or such other sources as the Scholarship Committee may deem necessary for consideration of an award to me.

I understand any information contained herein discovered to be false or deliberately misleading will result in the removal of this application for consideration.

If I am granted a scholarship, I authorize the university/college I attend to release my grades each term to the Health Foundation Scholarship Committee for the purpose of ascertaining my eligibility to receive the second scholarship installment.

Signature _____ Date _____
Parent/Guardian if applicant is a dependent

Signature _____ Date _____
Applicant