

BOB WILSON MEMORIAL GRANT COUNTY HOSPITAL AUXILIARY APPLICATION FOR HIGHER EDUCATION GRANT

(Revised January 201 0)

WHO: Anyone wishing to begin or continue education in a health-related field of study.

AMOUNT: Grants are normally \$500 and will be paid to the institution, not to the individual, upon receipt of proof of enrollment. (Number of grants given will be determined by the Auxiliary each year based on the success of their fund-raising efforts.)

CRITERIA: Scholarship, character, commitment, financial need.

Please type a letter addressed to the committee that includes these four paragraphs:

- a. Write a brief statement about your plans for a health-care career.
- b. Discuss briefly who or what inspired you to wish to enter the health-care field.
- c. *(For high school seniors only)* List important school, extracurricular, and personal activities and awards, honors, offices held, community service projects, etc., from the last two years that reflect your interests and commitment.
- d. *(For current health-care workers)* Briefly describe your employment history in the area of health care.
- e. In your opinion, why should you be the recipient of this Grant? Take this opportunity to explain circumstances that you would like the Selection Committee to consider.

GUIDELINES FOR APPLICATION COMPLETION:

- (1) Application must be typed or written in black ink.
- (2) Neatness and accuracy of information are critical.
- (3) In order to be considered, the application must include **all** requested materials and must be postmarked **on or before April 30th**.
- (4) The completed application should be mailed to ...

Bob Wilson Memorial Grant County Hospital Auxiliary
Grant Committee
Attn: Mrs. Carol Spady, Chairperson
415 Main Street
Ulysses, Kansas 67880

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Applicant _____ Date _____

Address _____ Phone _____

Please attach an official copy of your high school transcript or most recent post-high school academic work.

Name of School _____

Address _____

Dates attended _____

Name of Professional Health-Care Program which you wish to enter (for example: RN, physical therapist, etc.) _____

Name of School _____

Address _____

Please provide names of two references (not relatives) whom the Committee may contact to learn more about your aptitude or experience in the health care field:

Reference _____ Phone number _____

Reference _____ Phone number _____