

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

(Revised May 2011)

WHO: Anyone wishing to begin or continue education in a health-related field of study. Preference is given to those with a connection to, or commitment to, Grant County or the Ulysses community.

AMOUNT: Grants are normally \$500 per year and will be paid to the higher-education institution upon receipt of proof of enrollment. (Number of grants given will be determined by the Auxiliary each year based on the success of that year's fund-raising efforts.)

CRITERIA: Scholarship, character, commitment, and financial need will all be considered. Neatness and accuracy of information are critical.

DEADLINE: In order to be considered, all requested materials must be postmarked on or before April 15.

GUIDELINES FOR APPLICATION COMPLETION:

The complete application consists of these elements:

- (1) The attached application form (page 2 of this form), typed or printed in black ink.
- (2) An official transcript of your most recent academic course work (high school or higher education).
Applications without an official transcript will not be considered.
- (3) A letter addressed to the BWMGCH Grant Committee that includes these four paragraphs:
 - a. A brief statement about your plans for a health-care career.
 - b. A discussion of who or what inspired your desire to work in the health-care field.
 - c. (*For high school seniors only*): A list of 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. - **or** - (*For current health-care workers only*): A brief description of your employment history in the area of health care.
 - d. In your opinion, why should you be a recipient of this grant? Take this opportunity to explain circumstances that you would like the Selection Committee to consider.

SUBMISSION: The completed application, transcript, and letter should be mailed or hand-delivered (to the Hospital Gift Shop) on or before April 15 to:

BWMGC Auxiliary Grant Committee
415 N. Main Street
Ulysses, Kansas 67880

Due to time constraints upon the committee, late submissions cannot be considered.

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Name _____

Date _____

Address _____

Phone _____

_____ E-mail

Please attach an official copy of your high school transcript or transcript from your most recent post-high school academic work. Applications without an official transcript will not be considered.

Name of School _____

Location (city, state) _____

Dates attended _____

Name of professional health-care program you plan to pursue (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 character, aptitude, and/or experience in the health-care field:

Reference _____ Phone number _____

Relationship to Applicant _____

Reference _____ Phone number _____

Relationship to Applicant _____

This application is also available on-line at the BWMGCH website: www.bwmgch.com (click on scholarship application link to print off) or at the Ulysses High School website: www.ulysses.org (click on schools to find high school, then counselor link to find scholarships to complete on line and print off for submission).

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