

**APPLICATION FOR
SUMNER COUNTY HOSPITAL DISTRICT #1 VOLUNTEER AUXILIARY SCHOLARSHIP**

(Must be Typed)

Deadline: April 2, 2019

Criteria for Selection:

To qualify for **The Sumner County Hospital District #1 Volunteer Auxiliary Scholarship**, applicants must be seeking education and training in the medical field. **Preference will be given to residents of Sumner County, Kansas and Grant County, Oklahoma.**

SECTION I

Name: _____ Sex: _____ Home Phone: _____

Present
Address: _____
(Street Address) (City) (State) (Zip Code)

Permanent
Address: _____
(Street Address) (City) (State) (Zip Code)

County _____ E-Mail Address _____

Parent's: _____ Occupation: _____
(Father)

_____ Occupation: _____
(Mother)

Parent's Address _____

Total number of family members dependent upon the family income: _____

Number of family members attending a post-secondary institution in the fall: _____

Extra Curricular and or work related activities you have been or presently are involved in:

Personal references: Please Include three (3) letters of recommendation from your personal references.
(Only one (1) can be from a teacher.)

SECTION II

Where do you plan to attend next year: _____
(First Choice)

(Second Choice)

Have you made application for admission? Yes _____ No _____

Will you be or are you presently a full time student with 12 or more credit hours? Yes _____ No _____

What month and year do you plan to graduate? _____

What is your choice of occupation (vocation) after completing your education?

(First Choice)

(Second Choice)

SECTION III (MUST BE COMPLETED BY SCHOOL COUNSELOR)

Seventh semester GPA: _____ (4.0 system) Class rank _____ in class of _____ students.

ACT National Percentile Ranking: Composite _____

English _____ Mathematics _____ Reading _____ Science Reasoning _____

PLEASE INCLUDE A COPY OF YOUR HIGH SCHOOL TRANSCRIPT WITH THIS APPLICATION

PARENTAL CONSENT FORM

I (we) authorize _____ to release standardized test scores, class rank, and/or grade point average to local scholarship committees.

Student _____ Parent _____

SECTION IV

Have you applied for Federal Aid and/or Campus based Financial Assistance? Yes _____ No _____

List the name and amount of any grants or scholarship awards you have been selected to receive for next year.

Award	Amount
_____	_____
_____	_____
_____	_____

Amount your family will contribute to your education during the current school year. _____

SECTION V

In the space provided below, or on an attached page please describe in 75 words or less why you should be selected as a recipient of **The Sumner County Hospital District #1 Volunteer Auxiliary Scholarship**, the course of medical study you plan to follow, and your proposed occupation or profession.

If the selection committee so desires, will you appear for a personal interview? Yes _____ No _____

If selected for this scholarship, I will verify enrollment and notify the selection committee within ten days following my enrollment.

Applicant's Signature _____