

Newman Regional Health Auxiliary Scholarship Fund

Deadline for applications to be submitted is December 15, 2017 for persons interested in applying for this scholarship for the 2018 Academic Year (Spring Semester).

Return applications to:
McKenzie Cinelli
Newman Regional Health
1201 West 12th Avenue
Emporia, KS 66801
mcinelli@newmanrh.org
620-343-6800 ext 2524

The purpose of this scholarship is to provide an opportunity for individuals to pursue an education in an area of healthcare including but not limited to the areas of pharmacy, laboratory, radiology, respiratory therapy, physical therapy, nursing and applicable non-clinical healthcare fields. Employees of Newman Regional Health pursuing advanced certification and/or degree areas would be considered.

The following guidelines will be used when determining eligibility and qualifications of scholarship applicants:

- a) A scholarship committee consisting of the Auxiliary president, volunteer coordinator, two Auxiliary board members appointed annually and Foundation Executive Director will review applications and select recipient/s.
- b) The scholarship committee reserves the right to provide one or more scholarships, in varying amounts, to qualified applicants.
- c) If there are no qualified applicants, the scholarship committee will forego providing scholarships until the following year.
- d) An applicant must provide proof of enrollment in an accredited Kansas university, community college or technical college and be pursuing a degree and/or certification leading to a health related career.
- e) Selection will be given from the following:
 1. Students from Lyon County
 2. Student from Chase, Greenwood, Osage, Morris and Coffey counties will be eligible
- f) Students must have a minimum cumulative high school GPA or equivalent, or college GPA of 2.70.
- g) Scholarship awards will be sent directly to the post-secondary institution for distribution to the student's account.
- h) Students must reapply for scholarship renewal.

**Newman Regional Health Auxiliary
Healthcare Scholarship Application**

Deadline for submission: December 15, 2017

Student's Name: _____
 First M.I. Last

Temporary Address: _____
 Mailing address

City County State Zip

Phone #: _____ Email: _____

Permanent Address: _____
 Mailing address

City County State Zip

High School Attended: _____ Year Graduated: _____

College credits completed at the end of the fall semester (anticipated): _____
Year in school or hours remaining: _____
Expected Date of Graduation: _____
Goal Degree: _____

Use additional pages if needed and attach to this form:

1. Special honors/awards received at your high school or college:

2. Please list ALL scholarships you have been awarded for the current school year:

3. List school, church or community activities in which you have participated, including leadership roles:

4. List your current and past work experience (employer, dates, responsibilities):

5. Personal statement (500 words) reflecting commitment to professional goals:

6. In addition, provide the following:

- Unofficial high school transcripts (if a high school senior) or GED
- Attach copy of cumulative college GPA
- Proof of enrollment in an accredited Kansas university, community college or technical college pursuing a degree and/or certification leading to a health related field
- Two letters of recommendation; for example: employer, instructor
- **Front page of FAFSA, SAR report**

By signing I authorize or agree to the following:

- NRH Auxiliary may contact my educational institution/s for additional information and to determine my enrollment status.
- Name and image may be used for publicity purposes announcing award.
- I understand that if selected, the payment will be made out to the university and me and I am responsible for going to the financial aid office to sign the check within 30 days. **After 30 days the check will no longer be honored.**

I attest, to the best of my knowledge, this application is accurate and truthful.

Print Name

Signature

Date

Please return this application by mail (postmarked no later than December 15, 2017) to Newman Regional Health, Business Development & Marketing Director, 1201 West 12th Ave., Emporia, KS 66801, email mcinelli@newmanrh.org, or fax 620-341-7801.