

Rooks County Health Center Auxiliary Memorial Scholarship

GUIDELINES:

1. This scholarship is available only to those having been **ACCEPTED** (not just declaring as a major but **ACCEPTED**) in a course of study in a health related field.
2. To be eligible for this scholarship, the applicant's permanent address must be within the Rooks County Health Center's taxable district and be a U.S. citizen.
3. To be eligible for this scholarship, the applicant must be a high school graduate or have the equivalent thereof.
4. The amount and number of this award is eligible for review and change each year.
5. This scholarship will be paid to the recipient upon a **confirmation in writing from the school to be attended** that the recipient is **enrolled** in a **health related field of study**.
6. Written notice must be received by September 15 that the recipient is taking the scholarship in one or more payments or will attend spring semester, in which case, written notice must be received by January 15. If no written notice is received, the alternate recipient will be notified.
7. An alternate may be selected in the event the recipient does not meet the criteria set forth above.
8. This application **CANNOT** be retyped in any manner but must be filled out in writing or the blanks filled out on a typewriter.
9. Application for this scholarship is due on or before June 15, 2008 , and should be mailed to:

RCHC Auxiliary Scholarship Committee
c/o Shirley Comeau
400 S. Jefferson St.
Plainville, KS 67663

Rooks County Health Center Auxiliary Memorial Scholarship Application

Date Received _____

1. Name of college or school you are or will be attending in a health related field of study:

2. You have been accepted for admission in a health related field of study, please list the name of the program with the school and attach a copy of acceptance from the school you will be attending: _____

3. List activities or organizations in which you have participated. Including offices held in local, state or national organizations. _____

4. How much financial assistance will you need? Tuition, Books & Other \$ _____

5. Are you presently employed? If so, give name of company and length of employment.

6. List church or community activities: _____

7. Please list below any other information about yourself or your family you feel will be of value to the committee in considering your application. _____

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8. Write a statement concerning your goals and aspirations in life. (Attach a separate sheet to this application, if you need more space) _____

9. Name, Address, Phone number and Relationship of references:

1) _____

2) _____

3) _____

10. Schools Attended:

Name of School	Location	Grade
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Applicant's Name _____ Telephone _____

Address _____

If applicant's permanent address is parent's address, please complete the following:

Parent's Names _____

Home Address _____ Telephone _____

Business Address _____

Date

Applicant's Signature