

Rooks County Health Center Auxiliary Memorial Scholarship Guidelines

1. To be eligible for this scholarship, the applicant must be a U.S. citizen with a high school diploma or GED.
2. To be eligible for this scholarship, the applicant's permanent address must be within Rooks County, Kansas. Proof of current permanent address may be required by committee.
3. 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 human health related field. (The letter sent to your permanent address outlining the school year, course of study and signed by department head.)
4. If applicant is eligible for this scholarship they are **NOT** for the RCH Employee Scholarship.
5. The amount and number of this award is eligible for review and change each year.
6. This scholarship will be paid to the recipient upon **confirmation in writing from the school to be attended that the recipient is enrolled in a health related field of study.**
7. 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 (meeting the same criteria), in which case, written notice must be received by January 15. If no written notice is received, the alternate recipient will be notified.
8. An alternate may be selected in the event the recipient does not meet the criteria set forth above.
9. This application **CANNOT** be retyped in any manner but must be filled out in writing or the blanks filled out on a typewriter. Typed or handwritten answers may be attached if more space is needed.
10. Application for this scholarship is due on or before July 15, 2022, can be left at RCH Auxiliary Gift Shop or mailed to:

RCH Auxiliary Scholarship Committee
Attention: Shirley Comeau
Box 389
Plainville, KS 67663

**Rooks County Health Center Auxiliary
Memorial Scholarship Application**

Date Received _____
(Auxiliary Use Only)

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: _____

8. Write a statement concerning your goals and aspirations in life. (Attach a separate sheet if more space is needed) _____

