Rooks County Health Center Auxiliary
Memorial Scholarship Guidelines for 2026-27

Requirements Listed Below MUST be Completed or Application WILL NOT be Considered

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 for the year applying. (The letter sent to your permanent address or email outlining the school year, course of study & signed by department head)

4) If pursuing further education in an advanced health care related degrees (i.e. RN to Nurse Practitioner or Physician's Assistant) must provide a copy of the initial acceptance letter to the healthcare field and transcript of most current year completed.

5) If applicant is eligible for this scholarship they are NOT for the RCH Employee Auxiliary Scholarship.

6) The amount and number of this award is eligible for review and change each year.

7) 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.**

8) Written notice must be received by September 30 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 scholarship will not be given.

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) Questions concerning this application can be made to the committee by email to Shirley at shop.ppost@gmail.com or phone or text to (785) 737-3492.

11) Application for this scholarship is DUE ON OR BEFORE June 15, can be left at RCH Admissions or Auxiliary Gift shop or mailed to:

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

Last Updated 8/25

Rooks County Health Center Auxiliary
Memorial Scholarship Application for 2026-27 Academic Year
(Questions must be Answered SEPARATELY and NOT COMBINED)

Date Received_____
(Auxiliary Use Only)

1. Name of college or school you are or will be attending in a human health related field of study: (acronyms may be used BUT ALSO SPELLED OUT)_____

_____

2. You have been ACCEPTED for admission in a human 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: (acronyms may be used BUT ALSO SPELLED OUT) What is your anticipated date or graduation or completion of the program? _____

_____

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

_____

_____

4. Are you presently employed? If so, given name of company and length of employment: _____

_____

5. List church or community activities:_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

RCH Auxiliary Memorial Scholarship Application for 2026-27
Applicant:_____

7 Cont'd_____

_____

_____

8. References - Name, Address, Phone number and Relationship to Applicant:

1)_____

2)_____

3)_____

9. Schools Applicant Attended OR Can Attach a Current Resume:

_____
Name of School Location Degree (If Applicable) Year Graduated or Years Completed

_____
Name of School Location Degree (If Applicable) Year Graduated or Years Completed

_____
Name of School Location Degree (If Applicable) Year Graduated or Years Completed

Applicant's Name:_____Phone_____
email_____
Address:_____
If applicant's **permanent** address (IRS) is parent's address, please complete the following:

Parent(s) Name_____

Home Address_____Phone_____

Business Address_____

_____ _____
Print Applicant's Name Applicant's Signature

_____
Date 8/25