

# SCHOLARSHIP APPLICATION FORM

Date \_\_\_\_\_

## I. PERSONAL DATA

Name \_\_\_\_\_  
Last First Middle Maiden

Home Address \_\_\_\_\_  
Street or Route City State Zip

Mailing Address \_\_\_\_\_  
(if different than home) P.O. Box City State Zip

Telephone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

**Please write a paragraph of 50-100 words telling about yourself.**

## PERSONAL REFERENCES

NAME	ADDRESS	PHONE
_____	_____	_____
_____	_____	_____

## II. EDUCATION AND EMPLOYMENT HISTORY

### A. EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	DID YOU GRADUATE?	GPA
High School	_____	_____	_____
College	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

## B. EMPLOYMENT

Place of Employment	Length of Employment	Type of Work	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you presently employed? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, who is your employer? \_\_\_\_\_

Will you continue after accepted into school? \_\_\_\_\_

## III. MISCELLANEOUS

Type of Training program \_\_\_\_\_

Have you been accepted in a licensure or certification program? \_\_\_\_\_

**If yes, please attach a letter of acceptance to this application.**

I am in the \_\_\_\_\_ year of a \_\_\_\_\_ year education program with an expected completion date of \_\_\_\_\_.

Would the educational program require relocation? \_\_\_\_\_

School you plan to attend? \_\_\_\_\_

Are you receiving assistance from other sources this year of application?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list source and amount of assistance.

**As part of the application process we require two letters of reference from a non-related source.**

**Please attach a statement in 200 words or less describing your desire to serve in your chosen field.**

**Please enclose a picture of yourself with your application.**

Please provide your email address if applicable so we may keep in touch with you through the process \_\_\_\_\_

Would you be available for a personal interview? \_\_\_\_\_

I hereby certify the above questions have been carefully answered and are true.

\_\_\_\_\_  
SIGNATURE

### **STATEMENT OF INTENT**

“If I am awarded a health career scholarship, I agree to return for at least one year for each year I receive a scholarship to the Phillips County Hospital to practice my profession or to the Norton County Hospital if no openings are available in the Phillips County Hospital, per contract.” “If neither has an opening I must notify the HR Department of which healthcare facility I am employed at one of the mandatory 26 Northwest Counties in Kansas outlined by the Hansen Scholarship Loan Program.

At the time of this application, I certify:

- \_\_\_\_\_ 1. I have no health conditions/problems that would prevent me from performing the function of my chosen career.
- \_\_\_\_\_ 2. I have the following employment limitations.

Failure to comply will require me to repay all funds advanced and awarded.

An interest charge of 20% will be charged if the agreement is defaulted on from the first day scholarship payment is received.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_