

# LABETTE HEALTH FOUNDATION 2018 SCHOLARSHIP PROGRAM

## DEFINITION:

The Scholarship program, established by the Labette Health Foundation, is a program of financial assistance granted to **full-time college students who have been admitted to a health related program.**

## PURPOSE:

The scholarship program is in operation in order to:

1. Assist students who possess a financial need and who are pursuing courses full-time in health care.
2. Interest college students in working at Labette Health during their education and/or after graduation.

## ELIGIBILITY:

1. The individual must live in Southeast Kansas or an adjacent area, and be enrolled as a full-time student, **AND PROVIDE PROOF OF ADMISSION TO A HEALTH RELATED PROGRAM** in a two or four year college or university.
2. The individual must possess the personality traits and characteristics which the selection committee feels are indicative of a person who will complete the training and pursue the profession selected.
3. The individual must demonstrate a financial need.

## SCHOLARSHIP AMOUNT:

Scholarship amounts will be determined annually by the Foundation Board. **The scholarship will be paid to the individual applicant after receipt of proof of enrollment and attendance at the Annual Scholarship Luncheon hosted by the Labette Health Foundation. Specific information regarding the luncheon will be provided to applicants in their award letter.**

## APPLICATION PROCESS:

It is the responsibility of the applicant to provide a complete application to the Foundation by June 8, 2018, including all transcripts and references. **The Foundation Office will not inform applicants if their application is incomplete.**

**A cover letter must be included stating career goals and needs.**

If the student is to be considered for an additional year, he/she must reapply.

**\*\*APPLICATIONS WILL BE ACCEPTED BETWEEN APRIL 15, AND JUNE 8, 2018**

**To: Labette Health Foundation Scholarship Applicant**

**From: Labette Health Foundation**

Please use this checklist to be certain that all information has been completed and submitted to the Labette Health Foundation by June 8, 2018. The Foundation **will not** consider incomplete applications, and **will not** notify the applicant if all information is not received.

The applicant may call the Labette Health Foundation at 620-820-5224 to verify that all information is received and complete.

Thank you in advance, for submitting your completed application.

- \_\_\_\_\_ **Cover Letter Submitted**
- \_\_\_\_\_ **Completed Application Submitted**
- \_\_\_\_\_ **Financial Information Submitted**
- \_\_\_\_\_ **Proof Of Admission to a Health Related Field Submitted.**  
**If previously submitted within the last 1 to 2 years and program of study remains the same this is not necessary**
- \_\_\_\_\_ **High School Transcript Submitted. If previously submitted in last 1 to 2 years this is not necessary**
- \_\_\_\_\_ **College Transcript Submitted. Does not need to be official transcript, copies are acceptable**
- \_\_\_\_\_ **#1 Reference Received**
- \_\_\_\_\_ **#2 Reference Received**
- \_\_\_\_\_ **#3 Reference Received**

**LABETTE HEALTH FOUNDATION  
SCHOLARSHIP APPLICATION**

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_ LOCATION \_\_\_\_\_

DATE OF GRADUATION \_\_\_\_\_ GRADEPOINT AVERAGE\* \_\_\_\_\_

A.C.T. COMPOSITE GRADE \_\_\_\_\_ RANK IN CLASS \_\_\_\_\_ NUMBER IN CLASS \_\_\_\_\_

HAVE YOU ATTENDED COLLEGE? \_\_\_\_\_ NAME AND LOCATION OF COLLEGE ATTENDED \_\_\_\_\_

\_\_\_\_\_ COLLEGE CREDITS \_\_\_\_\_

COLLEGE GRADE POINT AVERAGE\* \_\_\_\_\_

**\*STUDENT MUST SUBMIT A HIGH SCHOOL AND COLLEGE TRANSCRIPT\***

LIST OTHER SCHOLARSHIPS AND/OR FINANCIAL AID YOU WILL RECEIVE, IF ANY:

SCHOLARSHIP/FINANCIAL AID	SOURCE	APPROXIMATE AMOUNT
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_____	_____	_____
_____	_____	_____

HONORS OR DISTINCTIONS RECEIVED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HEALTH RELATED FIELD TO WHICH YOU HAVE BEEN ACCEPTED \_\_\_\_\_

SCHOOL TO WHICH YOU HAVE BEEN ACCEPTED \_\_\_\_\_

TUITION COST PER SEMESTER \_\_\_\_\_ BOOK AND CLASS MATERIALS FEE \_\_\_\_\_

I, \_\_\_\_\_, give my consent to be recognized publicly if I am awarded a scholarship by the Labette Health Foundation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THREE LETTERS OF REFERENCE ARE REQUIRED BY **JUNE 8, 2018\*\***. NO IMMEDIATE FAMILY MEMBERS NOR STUDENT CO-WORKERS ARE ACCEPTABLE. LIST THE THREE REFERENCES:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**\*\*LABETTE HEALTH FOUNDATION RESERVES THE RIGHT TO VERIFY REFERENCES.**

## FINANCIAL INFORMATION

### APPLICANT INFORMATION:

APPLICANT'S MARITAL STATUS:   \_\_\_ SINGLE           \_\_\_ MARRIED  
  \_\_\_ SEPARATED       \_\_\_ DIVORCED       \_\_\_ WIDOW

NUMBER OF CHILDREN LIVING AT HOME \_\_\_\_\_

WILL THE APPLICANT BE EMPLOYED DURING SCHOOL \_\_\_\_\_

    If yes, Where \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

**EMPLOYMENT:** List below your work experiences starting with your present or last place of employment:

1. Name and Address of employer: \_\_\_\_\_

    Date employed: From: \_\_\_\_\_ To: \_\_\_\_\_

    Reason for leaving: \_\_\_\_\_

2. Name and Address of employer: \_\_\_\_\_

    Date employed: From: \_\_\_\_\_ To: \_\_\_\_\_

    Reason for leaving: \_\_\_\_\_

HOUSEHOLD COMBINED YEARLY INCOME WHILE STUDENT IS IN SCHOOL:

    UNDER \$20,000 \_\_\_\_\_

    \$20,000 - \$30,000 \_\_\_\_\_

    \$30,000 - \$40,000 \_\_\_\_\_

    OVER \$40,000 \_\_\_\_\_

APPLICANT'S  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**CLOSING DATE FOR APPLICATION AND REFERENCE SHEETS IS JUNE 8, 2018.**

**RETURN APPLICATION TO:**  
LABETTE HEALTH FOUNDATION  
1902 S. US HWY 59  
PARSONS, KS 67357

EQUAL OPPORTUNITY SCHOLARSHIP  
**CONFIDENTIAL REFERENCE**

**Please complete and return by June 8, 2018 to ensure that the applicant is considered for a scholarship.**

Name of Scholarship Applicant \_\_\_\_\_

Your Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship To Applicant: Employer \_\_\_\_\_ Company Name \_\_\_\_\_  
Teacher \_\_\_\_\_ Co-Worker \_\_\_\_\_ Other \_\_\_\_\_

Please Check The Items That Most Accurately Describes The Applicant. If You Are Unable To Answer, Or No Opinion Has Been Formed, Please Leave Blank.

*Personality* .....Reserved \_\_\_\_\_ Average \_\_\_\_\_ Outgoing \_\_\_\_\_

*Character* .....Weak \_\_\_\_\_ Average \_\_\_\_\_ Outstanding \_\_\_\_\_

*Appearance* .....Careless \_\_\_\_\_ Acceptable \_\_\_\_\_ Impressive \_\_\_\_\_

*Dependability* .....Doubtful \_\_\_\_\_ Dependable \_\_\_\_\_ Excellent \_\_\_\_\_

*Leadership* .....Passive \_\_\_\_\_ Contributing \_\_\_\_\_ Outstanding \_\_\_\_\_

*Cooperative* .....Insufficient \_\_\_\_\_ Average \_\_\_\_\_ Exceptional \_\_\_\_\_

*Initiative* .....Conforms \_\_\_\_\_ Self-Reliant \_\_\_\_\_ Creative \_\_\_\_\_

*Conduct* .....Poor \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

How Long Have You Known The Applicant? \_\_\_\_\_

If You Had The Opportunity To Employ This Person, Would You Do So? \_\_\_\_\_

Would You Care To Make Any Comments On Need For Financial Assistance? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How Would You Rate The Applicants General Academic Ability?

Outstanding \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_ No Opportunity to Observe \_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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