

## ***PURPOSE***

The Olathe Health Healthcare Career Scholarship Program was established to provide financial assistance to seniors graduating from the high schools in our service area who choose to pursue a career in the healthcare field. Olathe Health will award scholarships annually to graduating seniors at each of the area high schools.

## ***APPLICATION PROCEDURE***

Scholarship Applications are available on our web site at [olathehealth.org/Careers](http://olathehealth.org/Careers).

Applications should include three copies of all required documentation. All applications should be completed in full and accompanied by required documentation. Incomplete applications will not be considered.

Olathe Health should receive all completed scholarship applications by **Friday, Feb. 24, 2023**. Any application received after this date will not be considered. Application packets mailed and postmarked by that date will be accepted. Any application that does not include all required documentation will not be considered.

## ***EVALUATION PROCEDURE***

A selection committee will review and evaluate all completed applications. A rating system will be used as part of the evaluation process. Each application will be scored individually on the basis of the criteria outlined in the eligibility section. Olathe Health will notify the school counselor of each of the winners selected.

To apply for this scholarship, an applicant must meet the following criteria of academic standing, college major plans, leadership and character:

**Academic Standing:** The applicant must be a graduating senior from an Olathe Health service area high school with a minimum grade point average of 3.25 on a 4.0 scale. An official transcript must be included with the application.

**College Entrance Examination:** The applicant must have taken either the ACT or SAT college entrance examination and provide proof of the test scores. The scores may be verified either on the applicant's official transcript or with a separate record of the score attached to the application. The information should reflect the date the test was taken.

**College Enrollment:** The applicant must enroll or plan to enroll in either an accredited two-year or four-year college or university. If available at the time of the application, a copy of the acceptance letter for enrollment should be included with the application.

College Major: The applicant must pursue a major in a medical field or in healthcare administration.

Activities: Character of the applicant should be demonstrated through responses to the categories of the application detailing honors and awards, activities and work experience.

References: Each applicant must provide two letters of personal reference from persons other than relatives of the applicant. References must be typed, should not exceed one page in length, and must be attached to the application. References should include the name, address and daytime phone number of the person providing the reference, and the relationship of the reference and applicant should also be indicated (e.g., educator, counselor, employer, clergy). No more than two references may be submitted for each applicant.

## ***PAYMENT OF SCHOLARSHIP***

Payment of the scholarship will be made directly to the college or university and applied to the student's account. The recipient must be enrolled in 12 or more semester hours. It is the responsibility of the recipient to submit any statement for tuition, room and board, or books to Olathe Health in order to receive payment.

## ***CERTIFICATION BY APPLICANT***

I hereby certify that the statements contained in this application are true, accurate and complete. I certify that I presently meet all eligibility requirements set forth in this application. If I am selected to receive an Olathe Health Healthcare Career Scholarship, I understand that I must major in a healthcare-related field. I also understand that any false statement in this application shall constitute grounds for revocation or withdrawal of any awarded scholarship.

Name of Applicant: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Applications will not be returned and become the property of Olathe Health.

## **PERSONAL INFORMATION**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ DOB: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

(if different from applicant's)

Mother/Guardian's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

(if different from applicant's)

## **ACADEMIC INFORMATION**

Name of High School: \_\_\_\_\_

GPA after completion of first semester of senior year. (Copy of official transcript must be included with this application.)

Weighted: \_\_\_\_\_ Unweighted: \_\_\_\_\_

Number in graduating class: \_\_\_\_\_ Your rank: \_\_\_\_\_

ACT Score: \_\_\_\_\_ Date(s) taken: \_\_\_\_\_ SAT Score: \_\_\_\_\_ Date(s) Taken: \_\_\_\_\_

Your intended field of study: \_\_\_\_\_

Name of academic institution you plan to attend: \_\_\_\_\_

Why do you feel you should receive this scholarship? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you plan to use your education? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **ACTIVITIES SUMMARY**

### **Honors and Awards**

Please list up to eight honors, distinctions or letters you have earned.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

### **Activities/Community Service**

List up to six activities, school related or otherwise, in which you have been involved.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### **Work Experience**

List up to four jobs you have had since ninth grade. Indicate places and dates of employment.

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