

Allen County Regional Hospital Auxiliary Scholarship

The Allen County Regional Hospital volunteers award two (2) scholarships per semester of \$500 each to area students enrolled in health related fields. To be eligible for this scholarship the applicant must be accepted for admission in a health-related field of study in a two or four year college, university or technical school. The applicant must have an auxiliary volunteer member for a sponsor. A letter of application along with a completed application form with the sponsor's signature should be mailed to the address below no later than July 31st for the fall semester and October 31st for the spring semester. The letter of application should include.

1. Name of volunteer sponsor
2. Your choice of school and why you chose it
3. Your chosen course of study and why it interests you
4. Activities, sports and/or work experience
5. Family information

Scholarship letters and applications will be reviewed by the scholarship committee. If chosen for a scholarship, the volunteers require a copy of paid tuition and fees and will then mail a personal check to the applicant. An applicant may reapply for an additional scholarship the following semester.

Applicants are eligible for up to two (2) scholarships only. The sponsoring volunteer member will follow up with the applicant for the next two years to see whether he/she attended school, had a passing grade and if they graduated.

Please mail your letter of application, completed scholarship application form, and two (2) letters of reference to:

Allen County Regional Hospital Auxiliary
Attn: Scholarship Committee
P.O. Box 540
Iola, KS 66749

Allen County Regional Hospital Auxiliary
Scholarship Application

Name _____ Phone _____

Permanent Address _____

City _____ State _____ Zip _____

High School name _____

Graduation date _____ Grade point average _____

Please list any colleges attended, graduation dates and grade point averages:

College or school you plan to attend _____

Reason for choosing this school _____

Intended field of study _____

Reasons for choosing this field _____

Have you ever worked or volunteered in a health related field? Please explain _____

Please provide a letter of reference from the people listed.

References (other than relatives):

Name _____

Business _____

Phone _____

Name _____

Business _____

Phone _____

Applications for fall semester are due by July 31st and are due by October 31st for the spring semester.

Allen County Regional Hospital Auxiliary sponsoring member:

Name _____

Signature _____

**Allen County Regional Hospital Auxiliary
Scholarship Agreement**

I, _____, the undersigned agree that if I am awarded a scholarship by the Allen County Regional Hospital Auxiliary, and for any reason do not attend school for the _____ semester of 20____, I will then return the scholarship money to the Allen County Regional Hospital Auxiliary.

Signature

Date

If you are chosen to receive a scholarship, the auxiliary requests a copy of your paid tuition and or fees and then we will mail a check made out to you personally.