ST. LUKE SCHOLARSHIP PROGRAM

Two scholarships are available from St. Luke Hospital and St. Luke Hospital Auxiliary to all residents of Hospital District Number One, Marion County, Kansas. The applicants must plan to pursue a career in a health-care setting. Any inquiries may be directed to Roger Schroeder, Marketing Director at 620-382-2177, Ext. 219.

Applications for scholarships will be taken until **Friday April 3, 2020**. Application forms may be obtained from the Business Office at St. Luke Hospital, 535 South Freeborn, Marion, Kansas or online at www.slmarion.org. A completed application form shall be submitted to St. Luke Hospital, Attention: Roger Schroeder, Marketing Director by the date listed above. All applications shall include:

- A fully completed scholarship application
- A transcript of school grades and ACT Scores
- Two letters of recommendation (from persons not related to the applicant)
- Personal 1-page, single spaced, essay

The Scholarship Committee meets in April of each year and at that time recipients are selected to receive scholarships for the next academic year. The awards are made on the basis of:

- Academic Achievement
- Community Involvement
- Extracurricular Activities
- Individual Essay
- Accuracy of Application
- Recommendation Letters

If an applicant is selected to receive a scholarship, the Scholarship Committee will notify the applicant of his/her selection. The applicant will then notify St. Luke Hospital of his/her acceptance into the college (send a copy of the letter from the school’s admissions office) and request the scholarship payment. The Marketing Director of St. Luke will arrange for presentation of the check during a luncheon scheduled for Thursday May 7th. All checks are made out jointly to the awardee and the college the student will attend.
St. Luke Hospital and St. Luke Hospital Auxiliary
2020 Scholarship Application Form

Name: 

Present Address: 

Present Telephone: 

Permanent Address: 

Permanent Telephone: 

1. What health care field do you plan to study? 

2. Which professional school do you plan to attend?
   Name of School 
   Location 
   Length of course study is for _______ years.

3. If you are already a college student, when did you begin? ___________ 
   Month and Year
   When will you graduate from college? ___________ 
   Month and Year

4. Family Information
   If single: How many brothers and sisters? _________________________
   How many are in high school? _________________________
   How many are in college? _________________________
   How many are self-supportive? _________________________

   If married: Spouse’s occupation _________________________
   Spouse’s employer _________________________
   Ages of dependent children _________________________

   If divorced or widow(er): Ages of dependent children: _________________________
5. **High School Education**

Name of School

Location

Date of Graduation

GPA and ACT score:

Awards Received during high school:

Extracurricular Activities including Community Involvement:

Organizations Joined and Offices Held:
6. **Post High School Education**

Name of college/school: __________________________________________

Location: _______________________________________________________

Dates of Attendance: ____________________________________________

Type of Degree, Diploma, Certificate: ______________________________

GPA: __________________________________________________________

Awards Received: ________________________________________________

Extracurricular Activities including Community Involvement: ________

Organizations Joined and Offices Held: _____________________________

Scholarships Received: __________________________________________
7. **Personal Information**

If your education has been interrupted because of major illness, travel, employment, etc. please describe: ____________________________

______________________________

______________________________

Please list what type of summer and after school employment you have had:

______________________________

______________________________

______________________________

8. **Your health career:** Briefly state your health career plan; the reasons why you chose your planned health profession; and what guidance you have received in making these plans. **Please attach a 1-page, single spaced, summary/essay of your future health career plans.**

If I am awarded a scholarship, it is my intention to complete my education as outlined in this application. I agree to inform the Human Resources Department of St. Luke of any decision I may make concerning changes in my education plans, as herein stated on this application. If my education plans change to the extent that the purposes of this scholarship are not met, I agree to repay the entire amount to St. Luke. I further agree that this application and all credentials submitted by me and others on my behalf will remain the property of St. Luke Hospital.

**Applicant’s Signature:** ____________________________

**Date:** ____________________________