**Freshman MEDICAL SCHOLARSHIP APPLICATION**

**STEVENS COUNTY HOSPITAL AUXILIARY**

**HUGOTON, KANSAS**

Scholarship Requirements: $300 to be paid after completion of the first semester of course work following high school graduation. Student is required to be a current Stevens County High School graduate, and must maintain a B average with a minimum of 12 completed hours during the fall semester of college following high school graduation. Student must be pursuing a degree in an Allied Health field or other medically related program. Student must be able to produce proof of US Citizenship, a transcript of first semester grades, along with proof of enrollment for second semester before payment will be made.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Attended\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School you wish to attend\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been accepted by the above school?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent ) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or ) Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian ) Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a U. S. Citizen? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

Upon completion of above application, please attach a letter, outlining your reasons for wanting to be in the medical field. Please include any other information you believe may be helpful in the committee’s evaluation of this application. Attach a recent photo of yourself.

Please have one letter of recommendation mailed directly to the scholarship committee – with your name in the lower left hand corner of the envelope.

Please return by April 10th to Tami Bond; 1406 S Jefferson, Hugoton KS 67951