

Return by **April 8, 2022** to:  
Memorial Health System Volunteer Corps  
511 NE 10<sup>th</sup> St  
Abilene, KS 67410

## Memorial Health System Volunteer Corps Scholarship

This \$500 scholarship will be awarded to a Chapman, Abilene, or Solomon High School senior who has contributed volunteer hours within the community and is seeking a medical related degree. The student shall have at least a 3.0 grade point average and shall be planning to attend an accredited college or vocational school. In addition, the student's activities, honors and recommendations will be considered.

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

School Planning to Attend \_\_\_\_\_

Number of brothers and sisters and ages \_\_\_\_\_

How many siblings will be attending college next year? \_\_\_\_\_

Cumulative High School G.P.A. \_\_\_\_\_ Class Rank \_\_\_\_\_  
(Please attach a copy of your transcript)

### Recommendations

List at least two people who can testify to your eligibility for a scholarship based on your academic achievements, integrity and character. One should be a teacher or principal. The second should be a present or past employer, minister, member of your church or another adult (not a relative).

Name	Address	Position
------	---------	----------

1. \_\_\_\_\_

2. \_\_\_\_\_

Please contact the above persons and get permission to use their names, and then give them a recommendation form with a stamped envelope addressed to Memorial Health System Volunteer Corps, 511 NE 10<sup>th</sup> St, Abilene, KS 67410. Have them return the recommendation form **no later than April 8, 2022.**

List Volunteer activities you have participated in:

---

---

---

List Current and Past Employers : \_\_\_\_\_

---



## Recommendation Form

Return to by **April 9, 2021** to:  
Memorial Health System Volunteer Corps  
511 NE 10<sup>th</sup> St  
Abilene, KS 67410

Student Name \_\_\_\_\_

Address \_\_\_\_\_

The above named student has applied for the **Memorial Health System Volunteer Corps Scholarship**. In order to help us complete this application, would you rate the student on each of the following characteristics by circling the number you feel is appropriate in each category. (Remember to compare the student to other students.)

<b>MOTIVATION</b>	Low	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	High
<b>CITIZENSHIP</b>	Uncooperative	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	Cooperative, Positive, Follows Rules
<b>INITIATIVE</b>	Needs Prodding	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	Does More than Assigned
<b>CONCERN FOR OTHERS</b>	Little	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	Very Concerned
<b>LEADERSHIP</b>	Follower	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	Exceptional Leader
<b>RESPONSIBILITY</b>	Not very Responsible	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	Highly Responsible
<b>SOCIAL MATURITY</b>	Immature	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	Outstanding
<b>PERSONAL APPEARANCE</b>	Not Concerned	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	Always Concerned
<b>FINANCIAL NEED</b>	No Help	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	Total Help Needed
<b>ESTIMATE OF FUTURE SUCCESS</b>	Low	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	High

**Additional Remarks:**

In what capacity were you associated with this person? \_\_\_\_\_

Signature \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_