

Memorial Health System Volunteer Corps Scholarship

This \$1000 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 _____

Email: _____

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 official 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 have them write a letter of recommendation for you. Send the application along with the letters in a stamped envelope addressed to Memorial Health System Volunteer Corps, 511 NE 10th St, Abilene, KS 67410 **no later than April 12, 2024.**

If you have any questions, please email Jenny Stuck, Volunteer Services Manager, at jstuck@mhsks.org.

Resume

Please attach a resume that lists your current and past employers, any volunteer activity you may have completed and list your extra-curricular activities.

Memorial Health System Volunteer Corps Scholarship

Abilene, Kansas

AUTOBIOGRAPHICAL SKETCH

_____, 20____

Student's Name _____

Write a paragraph in your own handwriting explaining what your plans or goals are when you complete your education.

MHSVC will write a check directly to the accredited college or vocational school of my choice.

I understand that if I am selected for the Memorial Health System Volunteer Corps Scholarship, and do not complete the semester of school for which I received a scholarship, I am required to repay the full scholarship amount of \$1,000. I am also willing to furnish a picture to be used in publicity if requested.

Applicant's Signature