



Scholarship Application Form

Name

DOB

Telephone

Email

Home Address

Career Goal

Intended College

College Address

Major

Other scholarships you've received for the coming school year.

I affirm that all statements included in this scholarship packet are true, complete, and correct. I authorize the use of my photo and the investigation of all matters that the Kingman Healthcare Center Scholarship Committee deems relevant to my application, including all statements made in this application and any attachments or supporting documents. I authorize you to request and receive such information.

Signature _____ Date _____

Printed _____

Scholarship Application Requirements:

1. Personal Letter from Applicant

Write a letter directed to the KHC Scholarship Committee describing your career and educational goals, and how you intend to reach those goals. Describe the qualities you have developed that will help you succeed in obtaining your goals.

2. Letters of Recommendation

Please provide two letters of recommendation from teachers, counselors, volunteer leaders, or work supervisors who can describe your abilities and potential to succeed as you pursue your career in the healthcare field.

3. Activity Sheet

Please list volunteer activities and community service projects with which you've been involved.

4. Transcript

Please provide a copy of your high school / college transcript.

5. Photo

Please include a head and shoulders photograph of yourself. With your permission, the photo will be included with press releases sent to the media announcing award recipients. It may also be used in our own marketing/reporting.

Please submit the application and all items listed above to:

Kingman Healthcare Center
Attn: Admin Assistant
750 West D Avenue
Kingman, KS 67068

Or by email:

TracyD@kingmanhc.com