APPLICATION FOR THE USD 365 ENDOWMENT ASSOCIATION HEALTH CAREERS SCHOLARSHIP

\*You must be a graduate of Anderson County High School.

\*Please type detailed answers to these questions on a separate sheet(s) of paper.

\*Please submit a letter with this application from your college verifying that you are a student in good standing at your professional health careers school.

\*Submit the application to: Connie Rockers, USD 365 Endowment Association, P.O. Box 16 Greeley, Ks. 66033

\*If you are a recipient of this scholarship, your school of health careers will receive $500 per semester for two continuous semesters ($1,000 annually) as you complete your degree. You may reapply yearly for this scholarship.

\*The recipient will need to provide proof of enrollment in the health careers program for the second semester prior to payment of funds.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*What was your previous semester GPA?\_\_\_\_\_\_\_\_\_\_\_

\*What is your marital status? (Circle one) Married Single Divorced Widowed

\*Do you have children? Yes No

 \*How many family members live in your home?

\*How many household members are presently attending a vocational school or college?

\*How are you currently funding your education? Be specific concerning funding resources.

\*What caretaking experiences either in work or in dealing with family and friends have shaped your decision to enter the health careers field?

\*Please attach a letter from a previous employer, teacher or mentor addressing your commitment to your professional career choice.

\*Household Income, (circle one)

 Less than $30,000/ year Less than $50,000/ year Less than $70,000/ year More than $70,000

\*Thank you for applying.