

Hamilton County Hospital Student Scholarship Application

Hamilton County Hospital will be awarding two \$500 scholarships to one male and female senior from Hamilton County. Please see the application details and requirements below. This application must be completed in its entirety. Handwritten applications that are clearly legible are acceptable but completed online is preferred. **Incomplete applications will NOT be considered.**

Deadline to submit: 4/24/2024

Scholarship Terms

1. Applicant must be a 2024 Hamilton County graduate.
2. Two letters of recommendation should also be included with your application. These letters can be from people of your choosing and contain comments about your abilities, potential, and any other pertinent information.
3. Scholarship funds may be used at any type of secondary school (Vo-Tech, Business or Cosmetology School, internet classes, etc.).
4. No specific major or course of study is required.
5. The full amount will be awarded upon proof of enrollment.
6. Selection of recipients(s) will be made by the Hamilton County Hospital Employee Engagement Committee. If the recipient does not use the scholarship funds within a year, it will be forfeited.

General Information

Name:

Date of Birth:

Primary Phone:

Home Address:

Email Address:

Current GPA:

Secondary School Address:

Address of School Financial Aid Office:

Intended Major or Vocation:

Projected time/semester you will be using the scholarship:

Projected date of graduation or course completion:

Student Identification number (to be used only if selected):

School, Community, and Other Involvement

Please list any school activities, clubs, honors, offices held, etc.:

Please list any community activities (church, 4-H, Scouts, volunteer work, etc.):

Please list any other honors, awards, etc. here:

Work Experience
(list most recent first)

Date:

Employer:

Employer Responsibilities:

Date:

Employer:

Employer Responsibilities:

Financial

Cost of education for term of scholarship:

Semester:

Course Name:

List any other expenses:

Anticipated Sources of Support for the Term (%)

**Total should equal 100%*

Self/Work/Savings:

Scholarships/Loans/Grants:

Family:

Other:

List other scholarships or grants you will be receiving at are confirmed (name and award amount):

Explain briefly why you are applying for scholarship assistance:

Give a brief statement outlining your academic plans and career goals:

Make sure to attach your (2) letters of recommendation!

I certify that all the information above is true and accurate.

Signature: _____ Date: _____

**Hamilton County Hospital
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