

**BOB WILSON MEMORIAL GRANT COUNTY HOSPITAL AUXILIARY
APPLICATION FOR HIGHER EDUCATION SCHOLARSHIP**

(Revised August 2017)

WHO: Anyone wishing to begin or continue higher education in a health-related field of study. Preference is given to those with a connection to, or commitment to, Grant County or the Ulysses community.

AMOUNT: Scholarships are normally \$750 per year and will be paid to the higher-education institution upon receipt of proof of enrollment. (Number of scholarships given will be determined by the Auxiliary each year based on the success of that year's fund-raising efforts.)

CRITERIA: Scholarship, character, commitment, and financial need will all be considered. Neatness and accuracy of information are critical.

DEADLINE: In order to be considered, all requested materials must be postmarked on or before April 15. *Due to time constraints upon the committee, late submissions cannot be considered.* Items mailed at the Ulysses Post Office travel to Wichita before being postmarked, so mail early.

GUIDELINES FOR APPLICATION COMPLETION:

The complete application consists of these elements:

- (1) The attached application form (page 2 of this form), typed or printed in black ink.
- (2) An official transcript of your most recent academic course work (high school or higher education), in a separate, sealed envelope or via fax (620-356-6045).
- (3) A letter addressed to the BWMGCH Scholarship Committee that includes these four paragraphs:
 - a. A brief statement about your plans for a health-care career.
 - b. A discussion of who or what inspired your desire to work in the health-care field.
 - c. (*For high school seniors only*): A list of important school, extracurricular, and personal activities and awards, honors, offices held, community service projects, etc., from the last two years that reflect your interests and commitment. - **or** - (*For current health-care workers only*): A brief description of your employment history in the area of health care.
 - d. In your opinion, why should you be a recipient of this grant? Take this opportunity to explain circumstances that you would like the Selection Committee to consider.

** Please note: If you have received this scholarship in the past, your letter should simply indicate your progress and achievements since then.

SUBMISSION: The completed application, transcript, and letter should be hand-delivered to the Hospital Gift Shop or mailed to the address below or on or before April 15:

BWMGCH Auxiliary Scholarship Committee
415 N. Main Street
Ulysses, Kansas 67880

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Name _____ Date _____

Address: (Street or P. O. Box) _____

(City, State, Zip Code) _____

Phone _____ E-Mail _____

Please include an **official** copy in a separate, sealed envelope of your high school transcript or transcript from your most recent post-high school academic work. Transcripts may also be sent from the Registrar's Office via fax to the BWMGC Hospital at 620-356-6045, with a cover sheet directing them to be given to the Auxiliary Scholarship Committee. **Applications without an official transcript will not be considered.**

Name of School _____

Location (city, state) _____

Dates attended _____

Name of professional health-care program you plan to pursue (for example: RN, MD, radiologist, dentist, etc.) _____

Name of School _____

Location: (city, state) _____

Please provide names of two references (not relatives) whom the Committee may contact to learn more about your character, aptitude, and/or experience in the health-care field:

Reference _____ Phone number _____

Relationship to Applicant _____

Reference _____ Phone number _____

Relationship to Applicant _____

This application is also available on-line at the BWMGCH website: www.bobwilsonhospital.org (click on scholarship application link to print off) or at the Ulysses High School website: www.ulysses.org (click on schools to find high school, then counselor link to find scholarships to complete on line and print off for submission).

(Revised August 2017)