

## **Wilson Medical Center Foundation Scholarship Application**

Scholarship funds have been made available through benefactors to ensure Wilson County and surrounding areas will continue to have needed medical personnel. For your convenience, scholarship applications will be duplicated and forwarded to the following committees:

- **The Hinrichs Family Scholarship**
- **Jessie and William Post Scholarship**
- **Ruth Stephens Memorial Scholarship Trust**
- **Eunice Swartzleonard Scholarship**
- **Rachel and Russell Vickers Nursing Scholarship**

The number of scholarships awarded will vary from year to year. Occasionally one student will be awarded more than one scholarship. Scholarships are renewable, but not guaranteed, depending on the program selected and evidence of satisfactory progress being made. Individuals who wish to pursue or are presently pursuing a program directly related to healthcare, such as Occupational Therapy, Physical Therapy, Respiratory Therapy, Radiology, Licensed Practical Nurse, Registered Nurse, or others approved by the committee. This may also include postgraduate programs.

- **The recipient must be willing to return to work in the Wilson Medical Center Network in Neodesha, Kansas, upon graduation.**
- **The recipient must be willing to sign a service agreement, agreeing to abide by the terms contained in the agreement concerning repayment of funds.**

**Please mail a hard copy application to:**  
**Clara McCabe, Wilson Medical Center Foundation Director**  
**Scholarship Committee**  
**2600 Ottawa Road**  
**P.O. Box 360**  
**Neodesha, KS 66757**

Decision will be based upon

- Completeness of application
- Quality of responses to application questions
- Grade point average
- Enrolled hours
- Previous career and academic performance
- Progress towards completion of degree
- References
- Financial need

# Wilson Medical Center Foundation Application

*Please return application to 2600 Ottawa Road, Neodesha, Kansas 66757 by August 1, 2023.*

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

High School Name: \_\_\_\_\_

City and State of High School attended: \_\_\_\_\_

Year of graduation: \_\_\_\_\_

Post-secondary school attended: \_\_\_\_\_

Year of graduation: \_\_\_\_\_

Name and location of school you will be attending: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Have you applied for this program before: \_\_\_\_\_

Have you been accepted: \_\_\_\_\_

Are you currently taking classes: \_\_\_\_\_

Start date: \_\_\_\_\_ Expected Graduation date: \_\_\_\_\_

Degree: \_\_\_\_\_

How many hours will you enroll in?      Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

***Please include a separate sheet of paper if the space provided is not enough.***

We understand this will not completely fund your schooling. How do you plan to fund the rest of your education?

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Are there any extenuating financial considerations that should be considered by the committee?

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List your previous work experience. Include employer name and address, dates of employment and a brief description of your duties and responsibilities. List any volunteer activities in which you have participated that improved healthcare

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List any volunteer activities in which you have participated that improved healthcare.

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What civic organizations are you a member of? List civic contributions you've made to your community.

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Describe why you believe you deserve scholarships above other potential candidates.

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**Please provide the following supporting documentation with this application:**

- **High school and/or college transcripts.**
- **Evidence you have applied to or have been accepted in an accredited healthcare program.**

Application closes on August 1, 2023.

Please mail a hard copy of your completed application to:

**Clara McCabe, Wilson Medical Center Foundation Director**  
**2600 Ottawa Road**  
**P.O. Box 360**  
**Neodesha, KS 66757**