Lindsborg Community Hospital
Salina Regional Health Center
Partners caring for the health of the Smoky Valley communities.

Lindsborg Community Hospital Auxiliary

ANNUAL SCHOLARSHIP GUIDELINES

The Lindsborg Hospital Auxiliary sponsors a $500 scholarship to a Smoky Valley High School Senior who has chosen a healthcare career path.

Education or training may be a vocational, trade, junior college or university. Examples include, but are not limited to fields such as CNA, CMA, and LPN through BSN, therapist (PT, OT, and Speech, behavioral), dietician, physician, laboratory technology, and radiology.

Applications must be received by **on or before 5:00 pm Friday, April 5, 2019**.

The executive board of directors for the Lindsborg Hospital Auxiliary will review the applications and select one winner from the field of applications, based on a scoring system of points. The winner will be announced at the regular May meeting of the Hospital Auxiliary. In the event of a tie, the tying applicants' names will be placed in a blind drawing.

To apply, the applicant must complete the application form and an essay **(a)** addressing the applicant's health care goals; **(b)** stating why the specific training or course of study was selected; **(c)** should reflect the individuality and personality of the applicant; **(d)** address the applicant's volunteer role in the school and community. The essay must be a minimum of 500 words and attached to the application on a separate sheet of paper.

The application must include two references; at least one from a SVHS counselor or instructor and one from someone other than a relative.

The award will be sent directly to the institution, and must be used within 6 months of the award, unless other arrangements are made in advance.

Previous winners are eligible to apply for future funding.

Lindsborg Community Hospital Auxiliary

Annual Scholarship Application Form

NAME:_____

ADDRESS:_____

CITY/ZIP:_____

EMAIL ADDRESS: _____

DAYTIME PHONE WHERE YOU MAY BE REACHED:_____

FOR WHAT ARE YOU REQUESTING FUNDING? *(Tuition, books, housing)*

_____

_____

_____

WHERE WILL YOU BE ATTENDING CLASSES OR TRAINING? *(name of trade school, college, university—City and State)*

_____

_____

WHAT IS THE DATE THE CLASS/STUDY/SEMINAR WILL BEGIN? *(month and year)*

_____

Please provide the name and address of your financial aid officer: *(If available at this time. Checks will not be issued to an individual)*

_____
_____
_____
_____
_____

_____ _____

Applicant signature date Parent or guardian signature date
(if under age 18)

REMIT APPLICATION BY THE DEADLINETO: Lindsborg Community Hospital, ATTN: Auxiliary 605 W Lincoln, Lindsborg, KS 67456