

## **2025 SCHOLARSHIP APPLICATION FORM**

Name:		
Address/City/Zip:		
Email Address:	Phone Number:	
Degree or Certification pursuing:	School:	
The degree or certification is conside	red: Undergraduate	Graduate
I have: Applied to the Program Bee	en Accepted into the Program	Not Applied to the Program
Current Employer (if employed) :		
Employer's City/State:		
Current Position:		
Years in Current Position:	Years in Health C	are Field:
<b>Check List:</b> Attach the following on ir	ndividual pages, in the order listed:	

- 1. Describe your health care career goals and why you would like to work in a rural community (Maximum of 250 words).
- 2. List of three (3) references with contact information.
- 3. Transcript(s) for completed credits from educational institutions (unofficial copy accepted). Include name and address of school as well as dates of attendance.
- 4. Resume including work experience and community service.

I certify that all information included in this application is true and accurate.

## Signature

**Review:** Applications are due March 7, 2025. Submit materials to: Heather Fuller, SHN, 400 S. Santa Fe, Salina, KS 67401 or <u>hfuller@srhc.com</u>. Electronic submission in 1 pdf document is preferred.

\*For each year of \$2000 scholarship, recipient agrees to commit to one year of service at a Sunflower Health Network member organization (if position is available).