



## *Jordan Heimer 2025 Allied Health Memorial Scholarship* *Established 2008*

Jordan Heimer had just completed coursework and had begun to work in healthcare before his death in 2007. A student of Smoky Valley High School, Jordan would have graduated with the Class of 2008. His family believed his Certified Nurse Aide training made a difference in his life, as he learned to assist in the care of the residents of Bethany Home where he was employed. This scholarship has been established to honor his memory and will offer support to students pursuing a career in any allied healthcare field. **Four \$500 scholarships** will be awarded annually to Smoky Valley or Southeast of Saline High School Seniors enrolling in any college, vocational/technical school, or trade school to pursue a career in the healthcare field.

Allied Health professionals are defined as “those involved with the delivery of healthcare services related to the identification, evaluation and prevention of diseases and disorders”.

Allied healthcare fields include, *but are not be limited to*:

- Specialized therapies (physical, occupational, speech)
- Diagnostic medical sonographers
- Respiratory therapists
- Medical technologists
- Dental hygienists
- Other: dietary management, information systems management, health information management

The scholarship will be awarded upon satisfactory proof of post-secondary enrollment. Application information and materials will be kept confidential.

### **Guidelines:**

- Typed or printed application with signature must be received **on or before 5:00 pm Friday, April 11, 2025.**
- Include high school transcript along with your application.
- Attach a 400-500 word essay sharing your post secondary education plans.

### **Personal Information:**

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

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

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parents/Guardian: \_\_\_\_\_

Phone number you may be reached: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

By signing below, you are certifying that all information contained in this application is correct to the best of your knowledge. Any falsification of information contained herein will disqualify you for the scholarship.

Applicant's Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### Education Information:

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

College/School planning to attend: \_\_\_\_\_

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

High School GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

### Honors and Awards Received:

Organization	Dates of Participation	Leadership Role

### Community Service:

Activity	Roles & Responsibilities

### Student Group Organizations:

Organization	Dates Of Participation	Leadership Role

### Employment Experience:

Employer	Dates of Employment	Responsibilities

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**Other Activities: (sports, band, etc)**

<b>Activity</b>	<b>Dates</b>	<b>Description</b>

Please attach a 400-500 word essay describing your post high school education plans and goals. Include why you feel you deserve to receive the Jordan Heimer 2025 Allied Health Memorial Scholarship.

Completed scholarship application must be received **on or before 5:00 pm Friday, April 11, 2025.**

**Jordan Heimer 2025 Allied Health Memorial Scholarship  
Lindsborg Community Hospital  
ATTN: Karissa Hoffman  
605 West Lincoln  
Lindsborg, KS 67456**