



Jordan Heimer 2026 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 10, 2026**
- 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

Other Activities: (sports, band, etc)

Activity	Dates	Description

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 2026 Allied Health Memorial Scholarship.

**Completed scholarship application must be received on or before 5:00 pm
Friday, April 10, 2026.**

**Jordan Heimer 2026 Allied Health Memorial Scholarship
Lindsborg Community Hospital
ATTN: Karissa Hoffman
605 West Lincoln
Lindsborg, KS 67456**