Phillips County Hospital Auxiliary Health Care Scholarship Application Form

This \$250 scholarship is provided by the Phillips County Hospital Auxiliary. It is available to students pursuing an education in the Health Care field and can be applied for each scholastic year, both by undergraduate or graduate level. You must be a Phillips County resident (and provide proof as such) or a Phillips County High School graduate.

Name:

First		Middle		Last
Home Addre	ess:			
Street				_
City		State	Zip Code	
Check the ye	ear you will be in co	ollege next year:		
1	2	3	4	Other
0	0	0	0	0

Post-secondary school for which applicant's scholarship is requested:

College	
Address	
Major	
Current Cumulative Grade Point Average	

Resume:

Enclose your resume. Please include work experience, dates of employment, achievements, and awards received in high school or college (to date) in your resume.

Letter of Application:

Please enclose a brief letter of application describing your future goals toward a career in health care, your plans for obtaining these goals, as well as why you feel you are the most deserving recipient of this scholarship. The application letter should not exceed one page.

Transcript:

Enclose a copy of your high school and/or college transcript.

Deadline: April 15th

Submit application form, resume, letter of application, and transcripts to: Phillips County Hospital Auxiliary %Jennifer Dodds 1150 State Street, P O Box 607 Phillipsburg, KS 67661