



## Scholarship Program Check List

**Utilize this check list to ensure that you have submitted all documents required for scholarship consideration**

- Completed application and submitted photo.
- A signed letter from the Student regarding healthcare career.
- 3 current** letters of reference that will attest to your interest in the healthcare field you have chosen, and mailed to the Director of Volunteer's Office. Remind references of deadline.
- Official transcripts of most recent grades, which include grade point average of 3.0 or better - mailed to the Director of Volunteer's Office from the school of enrollment.
- Copy of acceptance statement in a healthcare field from an accredited college or university.
- Proof of enrollment in a healthcare field as a full-time student (12 hours or more per semester) in an accredited college or university healthcare program.

**COMPLETED APPLICATIONS AND SUPPORTING MATERIALS MUST BE RECEIVED ON OR BEFORE March 31. This deadline is non-negotiable. Incomplete applications will not be considered.**

**Mail to:**

William Newton Hospital Auxiliary  
Director of Volunteer Services  
1300 E. 5<sup>th</sup> Ave.  
Winfield, KS 67156



## General Criteria

1. In order to qualify for consideration, the student must meet the following criteria:
  - a. Applicant must be a permanent resident or graduate from a high school of the WNH primary service area, which includes the counties of Sumner, Cowley, Chautauqua, and Elk.
  - b. Accepted as a full-time student – 12 hours or more per semester, by an accredited university of college program in the healthcare field. An acceptance letter along with proof of enrollment should accompany the Scholarship Application.
  - c. Individual must have an accumulative G.P.A. of 3.0 or better. Official transcript of most recent grades may be sent directly to Director of Volunteer's Office.
  - d. Evidence of financial need.
2. The scholarship awards total \$1,000.00 per year (\$500 per semester) per student and will be given in two installments. An applicant may receive the scholarship for four semesters only.
3. All payments of WNH Auxiliary scholarships are made directly to the college or university financial aid office of the scholarship recipient's choice. Scholarships are made payable at the beginning of the fall and spring semesters.
4. **Deadline for the first semester application is March 31.** Applicant should check with persons writing letters of recommendation, reminding them of the deadline. If you are reapplying you need current recommendation letters.
5. **Deadline for the SECOND SEMESTER LETTERS is January 5.** To receive the second installment, the Auxiliary must receive a personal letter from the student stating that he/she is still enrolled as a full-time student (12 hours or more) in a healthcare field.
6. The Auxiliary will request refund of payment should the scholarship recipient fail to follow through with enrollment and attendance in the college of the recipient's choice. The Auxiliary will also request a refund of payment should the recipient switch majors to a non-healthcare field. It is the recipient's responsibility to notify the DVS as soon as possible of any changes, preferably before the beginning of the semester.
7. Finalists may be asked to attend a brief, informal interview with the scholarship committee prior to the awarding of the scholarship.
8. Applicant will submit a personal photo with the application. (Photos are not part of the selection process and are not seen by the committee until stipends are awarded.) Applicants will give written consent for their photo to be submitted to the local newspaper.
9. The WNH Auxiliary scholarship committee may request an official transcript at any time.
10. The recipient must notify the Director of Volunteer's Office of any changes in status or personal information.
11. All applicants will be informed of his/her award status in writing.



# Scholarship Application

Please type or print

\*Applicant must be a permanent resident or graduate from a high school of the WNH primary service area, which includes the counties of Sumner, Cowley, Chautauqua, and Elk.

Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Cell Phone No. \_\_\_\_\_ Email \_\_\_\_\_

High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Home Address \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ What is your career preference? \_\_\_\_\_

Name of college or university where you have been accepted into the above named program: \_\_\_\_\_

Address of college or university financial aid office: \_\_\_\_\_

Please list **three current** references that will attest to your interest in the healthcare field you have indicated above. Request that each sends a letter of reference and his/her recommendation to the Scholarship Committee, in care of the WNH Director of Volunteer's Office. **Reference letters must not be from relatives/family members.**

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

### Complete the following sections:

Financial Need Statement (a separate sheet of paper may be used): **List finances for your first year of college.**

\$ \_\_\_\_\_ Resources from other sources; e.g., scholarships, loans, grants etc.

\$ \_\_\_\_\_ Estimate resources from parents, guardian, or spouse.

\$ \_\_\_\_\_ Own resources

Attach a signed letter indicating your interest in your chosen healthcare field career. Please give details of your experiences related to this field and your knowledge of its importance.

I am/am not in receipt of, or applying for other forms of assistance for this course of study. Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any other information you wish to share regarding your financial situation? \_\_\_\_\_

\_\_\_\_\_

Extra-curricular Activities

\_\_\_\_\_

\_\_\_\_\_

Community Activities \_\_\_\_\_

\_\_\_\_\_

Volunteer Work (indicate year and hours per week) \_\_\_\_\_

\_\_\_\_\_

Hobbies and/or Interests \_\_\_\_\_

\_\_\_\_\_

Honors and Awards \_\_\_\_\_

\_\_\_\_\_

**Student Acknowledgement:** I hereby apply for a William Newton Hospital Auxiliary Scholarship. I have read and agree with the general criteria of the scholarship.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In the event I am awarded a stipend, I give consent for WNH Auxiliary to submit my photo to the local newspaper for publication.

**Completed applications and supporting materials must be received on or before March 31. This deadline is non-negotiable. Incomplete applications will not be considered unless there are extenuating circumstances. If there are specific concerns or questions regarding your application, please contact the DVS at 620-222-6230 or email [dvs@wnmh.org](mailto:dvs@wnmh.org). Please check to make sure you are filling out the 2023 revised application. Previous applications should be discarded. Mail to: William Newton Hospital Auxiliary, Director of Volunteer Services, 1300 E. 5<sup>th</sup> Ave., Winfield, KS 67156**