



**SALINA REGIONAL HEALTH CENTER  
SERVICE AUXILIARY**

**AND**

**SALINA REGIONAL HEALTH FOUNDATION**

**HEALTHCARE and NURSING  
SCHOLARSHIPS  
2016**

***INITIAL APPLICATION***

Use this form if you are a first time applicant or if you did not receive an Auxiliary or Foundation Scholarship for the 2016-2017 school year.

**CLOSING DATE:** Applications must be postmarked on or before June 15, 2016. You may also hand deliver your packet to the Salina Regional Foundation office by that date. An original application and all attachments must be submitted together.

Applications are available at [www.srhc.com](http://www.srhc.com)

**SUBMIT THE APPLICATION TO:**

Scholarship Committee  
c/o Kathleen Malone-Crouch  
2530 Argonne Drive  
Salina, Kansas 67401

## SCHOLARSHIP INFORMATION- INITIAL APPLICATION

The Salina Regional Health Center Service Auxiliary and the Salina Regional Health Foundation offer scholarships for individuals admitted to or continuing their education in healthcare related careers. Scholarships are not available for prerequisite studies prior to admission to diploma or certification studies. Scholarships are \$500 or more depending on the number of hours enrolled, the documented need, and consideration of the criteria and priorities stated below.

**Scholarship recipients will be expected to be employed by SRHC or other Sunflower Health Network (SHN) hospital ([www.sunflowerhealthnetwork.com](http://www.sunflowerhealthnetwork.com)) for a minimum of 24 months upon completion of their educational programs.**

**→ All applicants will be notified regarding the scholarships by July 20, 2016.  
Scholarship checks will be sent directly to the schools in which recipients are enrolled.**

**PRIORITY:** Priority is given to

- Full-time students accepted into initial nursing programs
- Employees of SRHC or other SHN hospitals
- Former SRHC youth volunteers
- Students enrolled in areas that are in high demand at SRHC or other SHN hospitals

The Foundation grants scholarships in nursing program studies. The Service Auxiliary grants scholarships in nursing, other healthcare related careers, or advanced degree health care education.

**SELECTION:** Selection is based on consideration of

- Information provided in the application form
- Content of a written essay
- Two completed reference forms
- Validation of admission to a health-related major
- Overall academic record
- Estimation of financial need.

**ELIGIBILITY REQUIREMENTS:** To be considered, applicants must

- Document a cumulative grade point average of 2.6 or better on the submitted transcript(s)
- Submit the completed application forms and all attached documents in one packet postmarked on or before June 15, 2016 to:

Scholarship Committee  
c/o Kathleen Malone-Crouch  
2530 Argonne drive  
Salina, Kansas 67401

You may also hand deliver your packet to the Salina Regional Foundation or Volunteer offices by the same date.

**NOTE:** If there are questions regarding the scholarships, the requirements, or documents required please contact Kathleen Malone-Crouch at (785) 309-0930 or [kamkmh@att.net](mailto:kamkmh@att.net).

## **Application Packet – Content and Organization- Initial Application**

- **All items requested below must be submitted in a single packet. Do not have registrar or reference writers send any items separately.**
- **Applications not submitted in whole as directed above or those containing reference envelopes with broken seals will not be considered.**
- **Typed or word-processed forms are preferred.**
- **Organize materials in the order in which they appear on this list.**

**Section 1** must contain the completed and signed Application Form.

**Section 2** must include an essay in which you address how you will pursue excellence in health care, what your health care career goals are and an example of a project or circumstance in which you demonstrated leadership. Essays must be typed or word-processed on 8 ½” x 11” paper. Do not exceed 500 words.

**Section 3** must include two completed reference forms.

- One reference should be from a current or recent advisor, counselor, or teacher who knows you well and is familiar with your academic ability.
- One reference should be from a current or recent employer, teacher, or community leader who is knowledgeable of your strengths and limitations.

**Give one of the provided reference forms and an envelope bearing your return address to each person who has agreed to provide a reference. Ask him/her to return it to you in the envelope with his/her signature across the sealed flap.**

**Section 4** must include validation of admission to a health-related major. A letter of acceptance to the program major from the Department Chair or Admission Committee Chairperson or a copy with a cover letter from a faculty member will serve as validation. If a non-nursing program does not have an admission procedure for the major, documentation of enrollment in courses within the major will suffice.

**Section 5** must include an official transcript of grades from the last academic institution you attended. The transcript must bear the school seal and have been obtained directly from and signed by the registrar. The transcript must include all coursework completed and transfer credits accepted. A high school transcript must show completion and the graduation date.

**Section 6** must contain the completed Projection of Financial Need Form.

**Scholarship Application Form – Initial Application**  
**Deadline June 15, 2016**

*You may fill out this page on your computer screen or print it out to type in the information.*

Type of Student:

- Student enrolled in undergraduate nursing program
- R.N. pursuing BSN
- R.N. pursuing graduate degree
- Student pursuing practical nursing program
- Student pursuing other health-related studies

Have you received a previous Auxiliary or Foundation Scholarship?

YES  NO (If “yes” and scholarship was from the 2015-2016 school year, please use the Re-Application Form).

Are you an employee of SRHC?

YES  NO

Have you been a youth volunteer at SRHC?

YES  NO

Do you plan to seek/continue employment at SRHC or other SHN hospital upon graduation?

YES  NO

**Personal Data**

**Name:**

*Last, First, Middle*

**Permanent Address:**

*Street or P.O. Box*

*City*

*State*

*Zip*

*Primary Phone*

**Current Address:**

*Street or P.O. Box*

*City*

*State*

*Zip*

*Primary Phone*

**Email Address:**

**Current Place of  
Employment:**

**List all current and previous nursing or other health care experience, if any. You may attach your resume if needed. (400 characters max)**

**List all colleges/universities attended, including current. If no college work, list high school.**

Name of College	Dates Attended	Degree Received

**Please indicate the school and program to which you would apply this scholarship:**

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<b>Starting Date</b>	<b>Expected Graduation Date</b>
<b>Number of Credit Hours for Fall and Spring Enrollment:</b>	

**Extracurricular activities engaged in during high school or college (550 characters max):**

**Community service and/or volunteer activities in which you participate(d) (550 characters max)**

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**AGREEMENT AND TERMS OF SCHOLARSHIPS**

The applicant certifies that the above statements are true and correct and are given for the purpose of obtaining an SRHC Service Auxiliary or Salina Regional Health Foundation scholarship. The scholarship committee is authorized to verify the statements contained herein. All information contained in this application will be held in confidence. A photograph will be required for publicizing of scholarship recipients.

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Applicant's Signature

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Date

**PROJECTION OF FINANCIAL NEED FOR 2016-2017 SCHOOL TERM  
Initial Application**

**DIRECT EDUCATION COSTS**

**Tuition:**      \$

**Fees:**      \$

**Books:**      \$

**Housing**      \$

**Travel**      \$

**SOURCES OF SUPPORT AND CONTRIBUTIONS**

**Educational Savings:**    \$

**Personal/Family**      \$

**Student Loans:**      \$

**Other Scholarships:**    \$

**Other extenuating factors influencing need for financial support:**

**SRHC SERVICE AUXILIARY  
AND SALINA REGIONAL HEALTH FOUNDATION**

**PERSONAL REFERENCE EVALUATION FORM**

Applicant's Name: \_\_\_\_\_

Person Preparing Reference (Please print): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_  
City
State
Zip Code

\_\_\_\_\_  
 Phone Number(s)

**A.**

	No Basis	Below Average	Average	Good	Very Good	Excellent
<b>Independent Worker</b>						
<b>Intellectual Ability</b>						
<b>Efficient Work Habits</b>						
<b>Leadership Skills</b>						
<b>Problem Solving Skills</b>						
<b>Teamwork Skills</b>						
<b>Work Ethic</b>						
<b>Concern for Others</b>						
<b>Dependability</b>						
<b>Eagerness to Learn</b>						
<b>Integrity</b>						
<b>Motivation</b>						
<b>Potential for Growth</b>						
<b>Self-Confidence</b>						
<b>Technology Skills</b>						

**B. Please provide three or more observations that support your evaluation on the back of this form.**

**C. If there are any special circumstances that should be considered when evaluating this applicant, please specify on the back of this form.**

Signature of reference: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Return completed reference form to the applicant in a sealed envelope with your signature across the sealed flap.**



**Please send scholarship check to:**

**School:**

**Department:**

**Street Address/P.O. Box:**

**City:**

**State:**

**Zip Code**