



**SALINA REGIONAL HEALTH CENTER
SERVICE AUXILIARY**

AND

SALINA REGIONAL HEALTH FOUNDATION

**HEALTHCARE and NURSING
SCHOLARSHIPS
2016**

RENEWAL APPLICATION

Use this form only if you received a 2016–2017 Service Auxiliary or Health Foundation Scholarship and are seeking a renewal scholarship for the 2016-2017 school year. Otherwise, please use the Initial Application. All renewals require a 3.0 GPA.

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. All requested items must be submitted together in one packet.

Applications are available at www.srhc.com

SUBMIT THE APPLICATION TO:

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

SCHOLARSHIP INFORMATION- RENEWAL APPLICATION

The Salina Regional Health Center Service Auxiliary and the Salina Regional Health Foundation offer scholarships for individuals entering or continuing their education in healthcare-related careers. Scholarships are not available for prerequisite studies prior to admission to diploma or certification programs. 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 Network (SHN) hospital (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 healthcare education.

SELECTION: Selection is based on consideration of

- Information provided in current and prior applications
- Overall academic record
- Estimation of financial need.

To be considered for scholarship renewal, applicant must:

- Have a grade point average of **3.0** or better for classes completed in the 2015-2016 school year while under Service Auxiliary or Foundation Scholarship.
- Submit the completed Renewal Application and Financial Need forms plus a report of your credits/grades for classes completed in the 2015-2016 school year 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 office 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.

Application Packet – Content and Organization - Renewal Application

- **The three sections requested below must be submitted in a single packet.**
- **Applications not submitted in whole as directed above 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 is the completed and signed Renewal Application Form.

Section 2 is the completed Projection of Financial Need Form.

Section 3 is a copy of your credits/grades for the 2015-2016 school year. For renewal, this does not need to be an official transcript. Copies obtained from your school's website are acceptable.

Renewal Application Form

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 healthcare-related studies

Amount of 2015-2016 Auxiliary or Foundation Scholarship: \$ _____

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: _____

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

Starting Date _____

Expected Graduation Date _____

Number of Credit Hours for Fall and Spring Enrollment: _____

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.

Applicant's Signature

Date

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

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:

Please send scholarship check to:

School:

Department:

Street Address/P.O. Box:

City:

State:

Zip Code