



# **SALINA REGIONAL HEALTH CENTER SERVICE AUXILIARY**

## **HEALTHCARE and NURSING SCHOLARSHIPS**

**2022**

### ***RENEWAL APPLICATION***

Use this form only if you received a 2021-2022 Service Auxiliary scholarship and are seeking a renewal scholarship for the 2022-2023 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, 2022.**

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

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

**SUBMIT THE APPLICATION TO:**

**Scholarship Committee  
c/o Linda K. Smith  
1922 Foxtail Drive  
Salina, Kansas 67401**

## SCHOLARSHIP INFORMATION- RENEWAL APPLICATION

The Salina Regional Health Center Service Auxiliary offers 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](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, 2022.**  
**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 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 2021-2022 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 2021-2022 school year in one packet postmarked on or before June 15, 2022, to:

Scholarship Committee  
c/o Linda K. Smith  
1922 Foxtail Drive  
Salina, Kansas 67401

**NOTE:** If there are questions regarding the scholarships, the requirements, or documents required please contact Linda K. Smith at (785) 825-6935 or [lksmith53@cox.net](mailto:lksmith53@cox.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 2021-2022 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 2021-2022 Auxiliary 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*

**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:**

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### AGREEMENT AND TERMS OF SCHOLARSHIPS

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## PROJECTION OF FINANCIAL NEED FOR 2022-2023 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**