

LABETTE HEALTH FOUNDATION 2024 SCHOLARSHIP PROGRAM

DEFINITION:

The Scholarship program, established by the Labette Health Foundation, is a program of financial assistance granted to **full-time college students who have been admitted to a health-related program.**

PURPOSE:

The scholarship program is an operation in order to:

1. Assist students who possess a financial need and who are pursuing courses full-time in health care.
2. Interest college students in working at Labette Health during their education and/or after graduation.

ELIGIBILITY:

1. The individual must live in Southeast Kansas or Labette Health's service area, and be enrolled as a full-time student for the upcoming academic year, **AND PROVIDE PROOF OF ADMISSION TO A HEALTH-RELATED PROGRAM** in a two-or-four-year college or university.
2. The individual must possess the personality traits and characteristics which the selection committee feels are indicative of a person who will complete the training and pursue the profession selected.
3. The individual must demonstrate a financial need.
4. The individual must live within a 75-mile radius of Parsons, KS. They must be a graduate of a local high school.
5. Employees of Labette Health are eligible.

SCHOLARSHIP AMOUNT:

Scholarship amounts will be determined annually by the Foundation Board. **The scholarship will be paid to the individual applicant after receipt of proof of college enrollment and attendance at the Annual Scholarship Luncheon hosted by the Labette Health Foundation. Specific information regarding the luncheon will be provided to applicants in their award letter.**

APPLICATION PROCESS:

It is the responsibility of the applicant to provide a complete application to the Foundation by June 14, 2024, including all transcripts and references.

The Foundation Office will not inform applicants if their application is incomplete.

Please include a cover letter stating career goals and needs.

If the student is to be considered for an additional year, he/she must reapply.

****APPLICATIONS WILL BE ACCEPTED BETWEEN May 1, 2024 & June 14, 2024****

To: Labette Health Foundation Scholarship Applicant

From: Labette Health Foundation

Please use this checklist to be certain that all information has been completed and submitted to the Labette Health Foundation by June 14, 2024. The Foundation **will not** consider incomplete applications, and **will not** notify the applicant if all information is not received.

The applicant may call the Labette Health Foundation at (620) 820-5243 to verify that all information is received and completed.

Thank you in advance, for submitting your completed application.

_____ **Cover Letter Submitted**

_____ **Completed Application Submitted**

_____ **Financial Information Submitted**

_____ **Proof Of Admission to a Health-Related Field Submitted**
(If previously submitted within the last 1 to 2 years and program of study remains the same this is not necessary)

_____ **High School Transcript Submitted**
(If previously submitted in last 1 to 2 years this is not necessary)

_____ **College Transcript Submitted**
(Does not need to be official transcript, copies are acceptable)

_____ **#1 Professional Reference Received**

_____ **#2 Professional Reference Received**

_____ **#3 Professional Reference Received**

**LABETTE HEALTH FOUNDATION
SCHOLARSHIP APPLICATION**

NAME _____ TELEPHONE _____

ADDRESS _____

DATE OF BIRTH _____ EMAIL ADDRESS _____

HIGH SCHOOL ATTENDED _____ LOCATION _____

DATE OF GRADUATION _____ GRADEPOINT AVERAGE* _____

A.C.T. COMPOSITE SCORE _____ RANK IN CLASS _____ NUMBER IN CLASS _____

HAVE YOU ATTENDED COLLEGE? _____ NAME AND LOCATION OF COLLEGE ATTENDED _____

COLLEGE CREDITS _____ COLLEGE GRADE POINT AVERAGE* _____

STUDENT MUST SUBMIT BOTH THEIR HIGH SCHOOL AND COLLEGE TRANSCRIPTS

LIST OTHER SCHOLARSHIPS AND/OR FINANCIAL AID YOU WILL RECEIVE, IF ANY:

SCHOLARSHIP/FINANCIAL AID	SOURCE	APPROXIMATE AMOUNT
_____	_____	_____
_____	_____	_____

HONORS OR DISTINCTIONS RECEIVED _____

HEALTH RELATED FIELD TO WHICH YOU HAVE BEEN ACCEPTED _____

SCHOOL TO WHICH YOU HAVE BEEN ACCEPTED _____

TUITION COST PER SEMESTER _____ BOOK AND CLASS MATERIAL FEES _____

I, _____, give my consent to be recognized publicly if I am awarded a scholarship by the Labette Health Foundation.

Signature

Date

THREE LETTERS OF REFERENCE ARE REQUIRED BY **JUNE 14, 2024****. NO IMMEDIATE FAMILY MEMBERS OR STUDENT CO-WORKERS ARE ACCEPTABLE. LIST YOUR THREE REFERENCES:

1. _____ 2. _____ 3. _____

****LABETTE HEALTH FOUNDATION RESERVES THE RIGHT TO VERIFY REFERENCES****

FINANCIAL INFORMATION

APPLICANT INFORMATION:

APPLICANT'S MARITAL STATUS: ___ SINGLE ___ MARRIED
 ___ SEPARATED ___ DIVORCED ___ WIDOW

NUMBER OF CHILDREN LIVING AT HOME _____

WILL THE APPLICANT BE EMPLOYED DURING SCHOOL?

If yes, where _____ Full Time _____ Part Time _____

EMPLOYMENT:

List below your work experiences starting with your present or last place of employment:

1. Name and address of employer: _____

Date employed: From: _____ To: _____

Reason for leaving: _____

2. Name and address of employer: _____

Date employed: From: _____ To: _____

Reason for leaving: _____

APPLICANT'S
SIGNATURE _____ DATE _____

CLOSING DATE FOR APPLICATION AND REFERENCE SHEETS IS JUNE 14, 2024
RETURN COMPLETED APPLICATION TO:

LABETTE HEALTH FOUNDATION
1902 S. US Highway 59
PARSONS, KS 67357

EQUAL OPPORTUNITY SCHOLARSHIP

CONFIDENTIAL PROFESSIONAL REFERENCE

Please complete and return by June 14, 2024 to ensure that the applicant is considered for a scholarship.

Name of Scholarship Applicant _____

Your name _____ Address _____

Relationship to applicant: Employer _____ Company Name _____
Teacher _____ Co-Worker _____ Other _____

Please check the items which accurately describes the applicant.
If you are unable to answer, or no opinion has been formed, please leave blank.

PersonalityReserved _____ Average _____ Outgoing _____

CharacterWeak _____ Average _____ Outstanding _____

AppearanceCareless _____ Acceptable _____ Impressive _____

DependabilityDoubtful _____ Dependable _____ Excellent _____

LeadershipPassive _____ Contributing _____ Outstanding _____

CooperativeInsufficient _____ Average _____ Exceptional _____

InitiativeConforms _____ Self-Reliant _____ Creative _____

ConductPoor _____ Good _____ Excellent _____

How long have you known the applicant? _____

If you had the opportunity to employ this person, would you do so? _____

Would you care to make any comments on need for financial assistance? _____

How would you rate the applicant's general academic ability?

Outstanding _____ Average _____ Poor _____ No Opportunity to Observe _____

Other comments: _____

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Personality Reserved _____ Average _____ Outgoing _____

Character Weak _____ Average _____ Outstanding _____

Appearance Careless _____ Acceptable _____ Impressive _____

Dependability Doubtful _____ Dependable _____ Excellent _____

Leadership Passive _____ Contributing _____ Outstanding _____

Cooperative Insufficient _____ Average _____ Exceptional _____

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