LABETTE HEALTH FOUNDATION 2025 SCHOLARSHIP PROGRAM

## DEFINITION:

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

## PURPOSE:

The scholarship program is an effort to:

1. Assist students who possess a financial need **and** 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, in 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.

1. 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.
2. The individual must demonstrate a financial need.
3. The individual must live in Kansas within a 75-mile radius of Parsons, and must be a graduate of an area high school.
4. 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 successful 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 16, 2025, 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 wishes to be considered for an additional year, he/she must reapply.

**\*\*APPLICATIONS WILL BE ACCEPTED UNTIL JUNE 16, 2025\*\***

**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 16, 2025. 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 & 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 16, 2025**\*\*. NEITHER IMMEDIATE FAMILY MEMBERS NOR FELLOW STUDENTS 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 SEPARATED |  MARRIED 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 experience starting with your present or most recent place of employment:

1. Name and address of employer:

Date employed: From: To:

Reason for leaving:

1. 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 16, 2025**

**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 16, 2025 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 describe the applicant.

If you are unable to answer, or no opinion has been formed, please leave blank.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Personality*** | Reserved  | Average  | Outgoing  |
| **Character** | Weak  | Average  | Outstanding  |
| ***Appearance*** | Careless  | Acceptable  | Impressive  |
| ***Dependability*** | Doubtful  | Dependable  | Excellent  |
| ***Leadership*** | Passive  | Contributing  | Outstanding  |
| ***Cooperative*** | Insufficient  | Average  | Exceptional  |
| ***Initiative*** | Conforms  | Self-Reliant  | Creative  |
| ***Conduct*** | Poor  | 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 applicant’s 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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Parsons, KS 67357

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| --- | --- | --- | --- |
| ***Personality*** | Reserved  | Average  | Outgoing  |
| **Character** | Weak  | Average  | Outstanding  |
| ***Appearance*** | Careless  | Acceptable  | Impressive  |
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