

BOYD COUNTY MEDICAL SOCIETY 2021 \$1,500 SCHOLARSHIP

These scholarships are for the first school year's tuition, room and board, books and lab fees for any field of study and are non-renewable. The scholarship of \$750 will be mailed directly to the recipient's school of choice at the beginning of each semester.

Scholarship winners are required to maintain at least a 3.0 GPA with a minimum of 12 hours of classes per semester. Winners must provide the Health Foundation with a copy of their transcript at the end of each semester, in order to receive their next payment.

Applications and other required materials must be submitted unfolded in a 9 x 12 envelope no later than Wednesday, March 31, 2021. Omission of any of the required materials may eliminate your application from consideration. None of the submitted information will be returned to applicants. Send copies, not originals. Mail to:

BOYD COUNTY MEDICAL SOCIETY

c/o King's Daughters Health Foundation
2201 Lexington Ave.
Ashland, KY 41101

You may make additional copies of this form.

ELIGIBILITY REQUIREMENTS

Applicant must be senior at one of the following schools:

- Boyd County High School
- Paul G. Blazer High School
- Fairview High School
- Russell High School

Note: One scholarship of \$1,500 will be awarded to an applicant from each of the above schools.

■ Relationship to Governing Members

Applicant cannot be a son or daughter of a current member of the following:

- Boyd County Medical Society
- King's Daughters Health Foundation Board of Directors
- King's Daughters Medical Center Board of Directors

■ Scholastic Criteria

Applicant must meet the following standards:

- Maintained at least a 3.0 grade point average in high school based on the 4.0 system
- Scored 20 or better on the ACT
- Scored 900 or better on the SAT

■ Financial Need

Applicant must demonstrate need of financial assistance to meet educational expenses.

APPLICATION REQUIREMENTS

The following items must be submitted, unfolded, in a 9 by 12 envelope no later than Wednesday, March 31, 2021.

- Completed Application Form**
- Typed Letter of Application.** The letter of application must describe the application's situation, need for financial assistance, educational and career goals. Do not exceed 300 words.
- Transcript with ACT or SAT Score:** Provide an official or signed copy of the most recent transcript(s) or GED certificate.
- Letters of Recommendation:** Include three written recommendations from applicant's instructors, employers, community leaders and/or clergy who are not related to the applicant and are in a position to comment on the applicant's abilities, character, personality and commitment to healthcare.

SELECTION CRITERIA:

King's Daughters Health Foundation shall use the following criteria in making scholarship awards:

- Personal letter of application
- Letters of recommendation
- Extracurricular and community service activities
- Financial need
- Academic achievement

Please note that all information will be part of the scoring criteria and should be prepared carefully, containing as many pertinent details as possible. Finalists will be chosen through scoring of the application. The scholarship committee has the right to request finalists participate in a personal interview, if the committee determines necessary.

King's Daughters Health Foundation is a vital part of the Medical Center's ability to provide the best possible care and services. It is through the foundation's fundraising efforts that King's Daughters continues to make our communities better and healthier places to work and live.

APPLICATION FOR
BOYD COUNTY MEDICAL SOCIETY 2021
\$1,500 SCHOLARSHIP

Scholarship is for the first year's tuition, room and board, books and lab fees. Please print or type all information.

PERSONAL DATA

Name _____ Highest ACT/SAT score _____

Home address _____

Phone: _____ Home or Cell Date of Birth: _____

EDUCATION AND EMPLOYMENT

High School _____

GPA (min. 3.0) _____ Expected Graduation Date _____

Recent or current employment experience _____

Volunteer experience _____

Extracurricular and community service activities _____

Parent(s) name and department at King's Daughters _____

FAMILY & FINANCIAL STATUS

(check appropriate box and complete information)

I AM ...

<input type="checkbox"/> Single, living at home	Ages of other dependents in the family: _____	Current annual gross income Parents _____ Yours _____
<input type="checkbox"/> Single, living on my own	Ages of dependent (minor) children in your home: _____	Your current annual gross income _____
<input type="checkbox"/> Married	Ages of dependent (minor) children in your home: _____	Combined annual gross income _____

OTHER ASSISTANCE

List all other scholarships, grants, educational or personal loans, tuition waivers or other financial assistance requested (you may provide as an attachment). Please specify type and amounts.

Financial assistance source	Approved	Status Pending	Rejected
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

I have read and understand this application. To the best of my knowledge, the information contained herein is true and complete. The Health Foundation Scholarship Committee has my permission to contact the school, persons or organizations and employers named in this application or such other sources as the Scholarship Committee may deem necessary for consideration of an award to me.

I understand any information contained herein discovered to be false or deliberately misleading will result in the removal of this application from consideration.

If I am granted a scholarship, I authorize the university/college I attend to release my grades each term to the Health Foundation Scholarship Committee for the purpose of ascertaining my eligibility to receive the second scholarship installment.

Signature _____ Date _____
Parent/Guardian if applicant is a dependent

Signature _____ Date _____
Applicant