

KING'S DAUGHTERS HEALTH FOUNDATION STEWART HEALTH FOUNDATION SCHOLARSHIP 2021

The Stewart Health Foundation Scholarship is \$2,000 annually, renewable for up to four years, as long as scholarship criteria are met. Use is limited to tuition, room and board, books and lab fees. Scholarship payment of \$1,000/semester will be mailed directly to the recipient's school of choice at the beginning of each semester. Scholarship winners are required to maintain a 2.50 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 the subsequent scholarship payment.

Applications and other required materials must be submitted unfolded in a 9 by 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:

STEWART HEALTH FOUNDATION SCHOLARSHIP 2021

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

ELIGIBILITY REQUIREMENTS

- **Residency:** Applicant must be a resident of one of the following states and counties at the time of application and award. (Children of full-time team members at King's Daughters are exempt from residency requirement.)
 - KENTUCKY – Boyd, Carter, Greenup or Lawrence
 - OHIO – Lawrence
 - WEST VIRGINIA – Wayne
- **High School Enrollment:** Applicant must be a high school senior.
- **Educational/Career Goals:** Applicant must be enrolled or have plans to enroll in a healthcare career field at an educational provider in Kentucky, Ohio or West Virginia.
- **Scholastic Criteria:** Applicant must meet the following standards:
 - Maintained at least a 2.50 grade point average in high school based on the 4.0 system or successfully completed the GED.
 - Scored 15 or better on the ACT or
 - Scored 700 or better on the SAT
- **Financial Need:** Applicant must demonstrate need of financial assistance to meet education expenses.

APPLICATION REQUIREMENTS

The following items must be submitted unfolded in a 9 by 12 envelope by March 31, 2021.

- Completed Application Form**
- Typed Letter of Application.** Describe the applicant'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 high school transcript or GED certificate.
- Letters of Recommendation:** Include three (3) 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
- Personal interview

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, and the scholarship will be awarded based on a personal interview.

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 KDMC continues to make our communities a better and healthier place to work and live.

APPLICATION FOR STEWART HEALTH FOUNDATION SCHOLARSHIP 2021

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PERSONAL DATA

Name _____ Highest ACT/SAT score _____

Home address _____

Phone: _____ Home or Cell Date of Birth: _____

EDUCATION AND EMPLOYMENT

High School _____

GPA (min. 2.5) _____ Expected Graduation Date _____

Recent or current employment experience _____

Volunteer experience _____

Extracurricular and community service activities _____

Parent(s) name/department if employed by 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 semester to the Health Foundation Scholarship Committee for the purpose of ascertaining my eligibility to receive the subsequent scholarship installment.

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

Signature _____ Date _____
Applicant