Below you will find the application requirements for the Russell Regional Hospital Auxiliary Scholarship. There will be three \$500 scholarships awarded. Last year's scholarship recipients may reapply. If you are willing to abide by these requirements please complete the application and return no later than April 22, 2016.

- 1. The scholarship is offered to any Russell county resident, any employee of the Russell Regional Hospital or any student who attends a school district in Russell County.
- 2. The applicant must be pursuing a career in a medical field such as a doctor, nurse, LPN, physician's assistant, laboratory technician, physical therapist, hospital dietitian, etc.
- 3. Upon satisfactory completion of one year, the recipient may reapply for the scholarship for one additional year.
- 4. An auxiliary member will contact the recipient in late January and late June to evaluate the progress of the student.
- 5. An auxiliary member will contact the student to inquire as to whether the recipient has received a certificate or degree in their chosen field.
- 6. If a circumstance prevents the recipient from completion of their stated intent, the scholarship must be paid back in full to the Russell Regional Hospital Auxiliary within a reasonable time.

Remember: Completed application forms must be in by April 22, 2016. Please remove this sheet and keep it for your records.

Send completed application form to:

Mollie Haberer 5115 Canyon Rd. Russell, KS. 67665

Russell Regional Hospital Auxiliary Scholarship Application Form

Nam	eBirthdate				
Addr	ress Phone				
Parer	nt, Spouse, or Guardian:				
Nam	e				
Addr	ess				
	.e				
Attac	h a letter of application containing:				
A:	Family description (name and ages of siblings and your placement in the family) Indicate need (actual income does not need to be stated) and how you plan to use the scholarship.				
В:	Describe your educational activities and other activities, i.e., church, employment. Include a high school and or college transcript. Be sure the grade point average is circled or highlighted.				
C:	State your choice of higher education institute you plan to attend. State whether you will be a full time or part time student.				
D:	List choice of field or profession and state reasons for making this choice. Include your ultimate professional goal.				
E:	Attach one letter of reference from a teacher, faculty member, or work supervisor who can recommend your work ethics.				
F:	Please return all scholarship forms by April 22, 2016, if not returned by this date th application will not be considered.				
G:	Attach one letter of "character reference" from a person, other than a family member, who is qualified to make a recommendation of your character and integrity				

Russell Regional Hospital Auxiliary Scholarship Application Form

Please	read	and	sign	this	agreement:

I understand this scholarship is not a gift but a trust. If circumstances prevent the completion of my stated intent, I agree to repay the scholarship. The repayment will be made within a time comparable to the time I have held the money, i.e. six months for six months, etc.