

## LMH Health Volunteers Scholarship

### Dear Applicant:

The LMH Health Volunteers will provide a \$1000 scholarship for the 2020-2021 academic year to a qualified senior from Douglas County who is interested in pursuing a higher education for a career in health care.

The \$1000 scholarship may be renewed for a maximum of four years of study. Renewal will be considered annually as long as the student continues to maintain a "B" average and works toward the career goal in health care. Students must submit grades to the designated office each year to retain this scholarship. If the above criteria are met the recipient of the scholarship will receive \$1000 at the time of tuition and fee payment each Fall semester.

The LMH Health Volunteers scholarship committee will consider all applicants who are high school seniors residing in Douglas County, have maintained a "B" average in high school, have a sincere interest in pursuing a career in health care, and plan to attend an accredited four-year college/university, two-year college, or vocational school.

The purpose of the scholarship is to encourage outstanding students as they pursue their post-secondary education. The scholarship will be awarded to a student with high academic achievement, school and community service, and a sincere desire to prepare for a career in health care. Need is a consideration, but not the primary determining factor.

Special consideration will be given to applicants who have served as junior volunteers at LMH Health. Working as a paid employee or volunteer in some aspect of health care is another special consideration but not a requirement for winning the scholarship.

Applicants must submit a completed application, official transcript, and a science teacher's written recommendation. The scholarship winner will be announced in late April.

**Application deadline: February 13, 2021**

**LMH Health Volunteers Scholarship Application Form**

Name of Applicant \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_, Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

**Directions**

Type or write your information in ink.

**Attach a complete transcript and a science teacher's written recommendation.**

**Return application to: Your school Counselor's office or mail application to: Volunteer Services Department, LMH Health, 325 Maine, Lawrence, Kansas 66044 by February 13, 2021**

I hereby give my permission for release of my transcript, GPA, ACT or SAT scores, and class rank to the LMH Scholarship Committee and waive all rights provided under the Education Rights and Privacy Act.

Date \_\_\_\_\_  
\_\_\_\_\_ (Student's signature)

Date \_\_\_\_\_  
\_\_\_\_\_ (Parent's signature)

**To Be Completed by the School Student Services Office:**

Student's Cumulative G.P.A. \_\_\_\_\_

Class rank \_\_\_\_\_

Size of graduating class \_\_\_\_\_

ACT Composite Score \_\_\_\_\_

\_\_\_\_\_

(Signature of School Service Official)

**Please attach complete transcript.**

# LMH Health Volunteers Scholarship Application

1. List important honors, awards, offices held, etc., beginning with grade 10 to present.
2. List important out-of-school honors, awards, offices held, community service projects, etc., beginning with grade 10.
3. List your parents' present address. (If parents are separated or divorced, list both addresses.)
4. List father/stepfather's place of employment, position or job title, and number of years with current employer.
5. List mother/stepmother's place of employment, position or job title, and number of years with her current employer.
6. List brothers and/or sisters and their grade levels who will be in grade 12 or under next year.

7. List immediate family members who will be attending college or university next year and indicate the grade level of that person. Do not include yourself.
8. List summer and/or part-time jobs you have held, beginning with grade 10 to the present, indicating length of time on each job. Describe duties of any job you have had in health care.
9. Write a **brief** statement about you and your plans for a career in health care (approximately 100 words or fewer). You may attach an additional page.
10. What college, university, or vocational school are you planning to attend?
11. Write a **brief** statement explaining your financial need for this scholarship.
12. Have you received word of any financial award, i.e., scholarship, college work-study, Pell grant, loan, etc. you will receive for next year? If yes, list what you will be given.
13. Have you served the community as a volunteer? Yes\_\_\_\_\_ No \_\_\_\_\_  
If yes, please list organizations you have volunteered with and describe your primary duties.