



Geary Community Hospital Auxiliary Scholarship Application

Personal Information

Name: _____ DOB: _____

Address, City, State, Zip _____

Phone: _____ Kansas Resident: yes no (circle one)

College Information

Name of School: _____

Status: Currently enrolled Accepted (circle one)

Date starting: (month/year) _____ Date Graduating: (month/year) _____

Course of Study: LPN RN BSN other (circle one)

Experience:

Do you currently volunteer in any capacity in the healthcare field? If so, please provide a brief summary of your responsibilities. A separate sheet may be used.

Application Components:

You must include the following with your completed application:

- An official high school or college transcript
- Two letters of recommendation – one from a college or high school instructor and one from your current supervisor, manager, or other not related to you
- A typed narrative supporting your application, telling us about yourself, why you have chosen this career direction, and how the scholarship will impact your educational needs. (about 500 words)
- A current photo

Please return this application and all required materials to:

GCH Auxiliary Scholarship Board

1102 St. Mary's Road

Junction City, Kansas 66441

For any questions, please contact: Connie Peck, Auxiliary Board

Due Date: March 31

Applicants will be notified by mail in May

A scholarship in the amount of \$500 for each of two semesters will be awarded, provided GPA is 3.0 or above for first semester. An official transcript of the first semester will be required before the award is made for second semester. Funds will be sent directly to the school being attended. Application must be made for each school year.