Northwest Kansas Area Medical Foundation, Inc.

Post Office Box 661, Goodland, KS 67735

\*Individuals applying for medical scholarships from the Northwest Kansas Area medical Foundation should meet the majority, if not all, of the criteria indicated below in order to be eligible for consideration of financial aid grants. The involved criteria for medical foundation financial aid scholarships are as follows:

1. **APPLICATIONS MUST BE SUBMITTED TO NWK AREA MEDICAL FOUNDATION, P.O. BOX 661, GOODLAND, KS 67735. NO LATER THAN APRIL 1ST OF THE SCHOLARSHIP YEAR.**

**2. GRADUATE OF AN AREA HIGH SCHOOL OR AN ACTIVE EMPLOYEE OF GOODLAND REGIONAL MEDICAL CENTER.**

**3. APPLICANTS MUST POSSESS GPA OF 3.5 OR BETTER.**

**4. MUST BE PLANNING TO ATTEND AN ACCREDITED COLLEGE AND ENROLLING IN A MEDICALLY-RELATED TRAINING PROGRAM.**

**5. WILLINGNESS TO RETURN TO NORTHWEST KANSAS TO WORK AS A HEALTH CARE PROFESSIONAL UPON COMPLETION OF EDUCATION.**

**6. \*\*BEYOND ORIGINAL FINANCIAL AID, WILLINGNESS TO AGREE TO WORK-REPAYMENT OBLIGATION WITH MEDICAL FOUNDATION OR GOODLAND REGIONAL MEDICAL CENTER IN EXCHANGE FOR ADDITIONAL FINANCIAL AID TO CONTINUE STUDIES IN CHOSEN CAREER FIELD (i.e. Nursing, Physical Therapy, Radiology, Laboratory, Respiratory Therapy, Dietetics, Pharmacy, etc).**

**\*\*\*\*ADOPTED BY MEDICAL FOUNDATION BOARD APRIL 5, 2013\*\*\*\***

**MEDICAL SCHOLARSHIP APPLICATION**

**APPLICANT INFORMATION:**

**NAME: HIGH SCHOOL:**

**ADDRESS:**

**PHONE: PARENT:**

**APPLICANT’S SCHOOL INFORMATION:**

**HIGH SCHOOL GPA:\_\_\_\_\_\_\_ HIGH SCHOOL RANK:\_\_\_\_\_\_OF\_\_\_\_\_\_**

**ACT COMPOSITE:\_\_\_\_\_\_\_\_**

**INTENDED COLLEGE OR UNIVERSITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INTENDED FIELD OF STUDY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Briefly describe why you wish to pursue a college education:**

**Explain your current need for financial aid:**

**Why have you chosen to pursue a career in the medical field:**

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**Why have you selected your intended college or university?**

**What are your future career goals?**

**Are you interested in returning to Western Kansas to work in your chosen healthcare field?**

**Would you consider a “work-repayment” obligation to a local medical center or clinic in**

**exchange for future financial aid?**

**\*\*\*\*PLEASE ATTACH A SUMMARY OF YOUR HIGH SCHOOL ACTIVITIES AS WELL AS HONORS OR AWARDS RECEIVED\*\*\*\***

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**(APPLICANT SIGNATURE) (DATE OF APPLICATION)**