Edwards County Hospital Auxiliary Scholarship Application

Date: _____

Phone Number: _____

Applicant Name: _____ Date of Birth: _____
Present Address: _____

What School are you enrolled in? _____

Area of Study? _____

Present Education Plans:

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Below or on another sheet of paper, please explain your reason for wanting to further your education.

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Selection Criteria and Mechanics:

1. Final selection of recipients is made by a special committee set up to handle the scholarship process as long as it is in effect.
2. All complete applications turned in on or before *January 6 and August 6* will be considered.
3. Four scholarships are given two times a year (January & August). Recipients must submit a scholarship application and semester grades at time of second application and thereafter.
4. A total of six semesters are given to one recipient in a medical field.

<u>Return this application to any of the following Scholarship Committee members below:</u>
Judi McKinney- P.O. Box 56, Lewis, KS 67552 Phone: 620-546-3232
Eleanor Hogan- 421 E. 5th Street, Kinsley, KS 67547 Phone: 620-659-2385
Pauline Kamphaus- 600 East 6th, Kinsley, KS 67547 Phone: 620-659-2417
Yvonne Carlson- 721 Capital Avenue, Kinsley, KS 67547 Phone: 620-546-4020
Susie Mathes- 1021 Marsh Avenue, Kinsley, KS 67547 Phone: 620-659-2789