**BOB WILSON MEMORIAL HOSPITAL VOLUNTEER APPLICATION**

**FOR HIGHER EDUCATION SCHOLARSHIP**

(Revised February 5, 2025)

**WHO**: Anyone wishing to begin or continue higher education in a health-related field of study.

Preference is given to those with a connection to, or commitment to, Grant County or the Ulysses community.

**AMOUNT**: Scholarships will be paid to the higher-education institution upon receipt of proof of

enrollment. (Number of scholarships given will be determined by BWMH Volunteers each year based on the success of that year’s fund-raising efforts.)

**CRITERIA**: Scholarship, character, commitment, and financial need will all be considered.

Neatness and accuracy of information are critical.

**DEADLINE**: In order to be accepted, all requested materials must be postmarked on or before

March 31. Due to time constraints upon the committee, late submissions will not be accepted. Items mailed at the Ulysses Post Office travel to Wichita before being postmarked, so mail early.

**GUIDELINES FOR APPLICATION COMPLETION**:

The complete application consists of these elements:

1. The attached application form (page 2 of this form). Please type or print in black ink.
2. An **official** transcript of your most recent academic course work (high school or higher education), in a **separate, sealed envelope or via fax (620-356-2302) on or before March 31**.
3. A letter addressed to the BWMH Scholarship Committee that includes these four paragraphs:
	1. A brief statement about your plans for a health-care career.
	2. A discussion of who or what inspired your desire to work in the health-care field.
	3. (*For high school seniors only*): A list of important school, extracurricular, and personal activities and awards, honors, offices held, community service projects, etc., from the last two years that reflect your interests and commitment. - or - (*For current health-care workers only*): Please include a brief description of your employment history in the area of health care.
	4. In your opinion, why should you be a recipient of this grant? Take this opportunity to explain circumstances that you would like the Selection Committee to consider.

**\*\*** Please note: If you have received this scholarship in the past, your letter should simply indicate your progress and achievements since then.

**SUBMISSION**: The completed application, transcript, and letter should be hand-delivered to the Hospital Gift Shop or mailed to the address below **on or before March 31**:

BWMH Volunteer Scholarship Committee, 415 N. Main Street, Ulysses, KS 67880

**BOB WILSON MEMORIAL HOSPITAL VOLUNTEER APPLICATION**

**FOR HIGHER EDUCATION SCHOLARSHIP**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City, State, Zip Code)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include an **official** copy in a separate, sealed envelope of your high school transcript or transcript from your most recent post-high school academic work. Transcripts may also be sent from the Registrar's Office via fax to the BWM Hospital Registrar’s Office at 620-356-2302, with a cover sheet directing them to be given to the Volunteer Scholarship Committee. *Applications without an official transcript will not be considered.*

Name of School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location (city, state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates attended:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of professional health-care program you plan to pursue (for example: RN, MD, radiologist, dentist, etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: (city, state)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide names of two references (not relatives) whom the Committee may contact to learn more about your character, aptitude, and/or experience in the health-care field:

Reference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application is also available on-line at the BWMH website: *https://www.mountain.commonspirit.org/location/bob-wilson-memorial-hospital#\_self*  Scroll down and click on Programs and Community, then click on Bob Wilson Memorial Hospital Scholarship, then Apply Now. OR, online at the Ulysses High School website: *www.usd214.org*. Click on Schools to find Ulysses High School, then Counselor link, then Scholarships, then select Local Scholarships. Complete online and print for submission.

(Revised February 5, 2025)