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 are normally $750 per year and will be paid to the higher-education institution upon receipt of proof of enrollment. (Number of scholarships given will be determined by the Auxiliary 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 considered, all requested materials must be postmarked on or before April 15. Due to time constraints upon the committee, late submissions cannot be considered. 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), typed or printed 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 (620-356-6045).
(3) A letter addressed to the BWMGCH Scholarship Committee that includes these four paragraphs:
   a. A brief statement about your plans for a health-care career.
   b. A discussion of who or what inspired your desire to work in the health-care field.
   c. (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): A brief description of your employment history in the area of health care.
   d. 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 or on or before April 15:
BWMGCH Auxiliary Scholarship Committee
415 N. Main Street
Ulysses, Kansas 67880
Name __________________________________________ Date ____________________

Address: (Street or P. O. Box) __________________________________________
(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 BWMGC Hospital at 620-356-6045, with a cover sheet directing them to be given to the Auxiliary 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 BWMGCH website: www.bobwilsonhospital.org (click on scholarship application link to print off) or at the Ulysses High School website: www.ulysses.org (click on schools to find high school, then counselor link to find scholarships to complete on line and print off for submission).

(Revised August 2017)