



2019 SCHOLARSHIP APPLICATION FORM

Name: _____

Address/City/Zip: _____

Email Address: _____ Phone Number: _____

Degree or Certification: _____ School: _____

The degree or certification is considered: Undergraduate Graduate

I have: Applied to the Program Been Accepted into the Program Not Applied to the Program

Current Employer (if employed) : _____

Employer's City/State: _____

Current Position: _____

Years in Current Position: _____ Years in Health Care Field: _____

Check List: Attach the following on individual pages, in the order listed:

1. Describe your health care career goals and why you would like to work in a rural community (Maximum of 250 words).
2. List of three (3) references with contact information.
3. Transcript(s) for completed credits from educational institutions (unofficial copy accepted). Include name and address of school as well as dates of attendance.
4. Resume including work experience and community service.

I certify that all information included in this application is true and accurate.

Signature

Review: Applications are due March 1, 2019. Submit materials to: Heather Fuller, SHN, 400 S. Santa Fe, Salina, KS 67401 or hfuller@srhc.com.