

2024 Wright Memorial Hospital Auxiliary Scholarship Checklist

Applicant Name: _____

Please attach this checklist to the front of your application and ensure that all required materials are either sent with this application or postmarked by Monday, April 1, 2024. **Incomplete applications will not be considered.** It is the applicant's responsibility to ensure all documents have been submitted.

Please check whether you are a:

_____ **New Applicant** (see section *A* below)

_____ **Previous Recipient** (see section *B* below)

A. New Applicant (and returning applicants who were not awarded a scholarship)

_____ This checklist

_____ Completed application with essay

_____ Reference letter #1 (submitted with application or sent directly to WMH)

_____ Reference letter #2 (submitted with application or sent directly to WMH)

_____ **Letter on college/university letterhead confirming acceptance into a specific accredited 2 or 4 year college/university health care program.**

B. Previous Recipient of WMH Auxiliary Scholarship

_____ This checklist

_____ Completed application with essay

_____ College/University detailed transcript with classes taken and grades received

Application items may be sent as one packet or separately, but **this checklist must be completed by the student and accompany the application.** All applicants will be notified in the summer regarding the status of their application, and scholarship recipients will be invited to attend a brief ceremony (date to be determined) to receive their scholarship award.

Please contact Denise Hamilton at Wright Memorial Hospital with any questions about the scholarship, requirements or eligibility at 660.358.5723, or via email at dhamilton@saintlukeskc.org.

SLHS will not discriminate on the basis of race, color, sexual orientation, national origin, gender identity or expression, sex, age, religion or disability in admissions or access to, or treatment or employment in, or its programs and activities.

Please list your involvement with community, church or school activities

(attach additional pages as needed)

In your own words, please tell us what experience you may have had in your chosen field. Why do you wish to be funded through the WMH Auxiliary Scholarship?

(attach additional pages as needed)

All statements made in completion of the application are true and complete to the best of my knowledge. I give my permission to share any information contained herein with the Wright Memorial Hospital Auxiliary. I understand that if I am awarded a scholarship, my name and hometown will be shared in press releases and announcements.

Signed _____ Date _____

You must submit (2) two letters of recommendation from non-family members, (i.e. teacher, employer, minister, etc.) for the *initial* request. Send letters of recommendation and the completed application directly to:

Denise Hamilton
Wright Memorial Hospital
191 Iowa Blvd.
Trenton, Missouri 64683

Checklist, scholarship application, two letters of recommendation and copy of letter of acceptance must be received or postmarked by April 1, 2024.