



## Scholarship Criteria

The William Newton Hospital Auxiliary scholarship is available for undergraduate students pursuing a career in a healthcare field.

1. Applicants for this scholarship must:
  - a. Be a permanent resident or graduate from a high school in the WNH primary service area which includes the counties of Sumner, Cowley, Chautauqua, and Elk.
  - b. Be accepted as a full-time student (12 hours or more per semester) by an accredited university or college program in a healthcare field. A letter of acceptance and proof of enrollment should accompany the Scholarship Application.
  - c. Have a cumulative G.P.A. of 3.0 or better. Official transcript of most recent grades should be sent by the school of enrollment to Director of Volunteer Services (DVS).
  - d. Provide evidence of financial need.
  - e. Submit a personal photo and written consent for it to be submitted to local newspapers and social media with the application. (Photos are not part of the selection process and are not seen by the committee until stipends are awarded.)
2. **Deadline for application and all supporting materials is MARCH 31.** It is the responsibility of the applicant to confirm that letters of recommendation are received by the deadline.
3. Finalists may be asked to attend a brief, informal interview with the Scholarship Committee.
4. All applicants will be informed in writing of their award status.
5. Scholarship awards in the amount of \$1,000 (\$500 per semester) are paid directly to the college or university financial aid office at the beginning of the fall and spring semesters.
6. **Deadline for letters confirming SECOND SEMESTER eligibility is JANUARY 3.** To receive the second semester payment the scholarship recipient must send a letter to the DVS stating that he/she is still enrolled as a full-time student (12 hours or more) in a healthcare field.
7. The Auxiliary will require refund of payment if the scholarship recipient fails to follow through with enrollment and attendance in the college indicated in the application or switches majors to a non-healthcare field. It is the recipient's responsibility to notify the DVS of any changes as soon as possible, preferably before the beginning of the semester.
8. The recipient must notify the Director of Volunteer Services of any changes in status or personal information.
9. Scholarship recipients may apply for a second scholarship (total 4 semesters) if all criteria are met.



## Scholarship Application Check List

**Utilize this check list to ensure that you have submitted all documents required for scholarship consideration**

- Completed application and photo.
- Signed letter indicating your interest in chosen healthcare field. Please give details of your experiences related to this field and knowledge of its importance.
- Three current letters of reference attesting to your interest in your chosen healthcare field, mailed directly to the Director of Volunteer Services. Remind references of March 31 deadline.
- Official transcripts of most recent grades indicating a grade point average of 3.0 or better, mailed from the school of enrollment to the Director of Volunteer Services.
- Copy of acceptance statement in a healthcare field from an accredited college or university.
- Proof of enrollment in a healthcare field as a full-time student (12 hours or more per semester) at an accredited college or university healthcare program.

If you have any questions, call Brittney Shaffer, Director of Volunteer Services, at 620-222-6230 or email at [brittney.shaffer@wnmh.org](mailto:brittney.shaffer@wnmh.org).

**Completed applications and supporting materials must be received on or before MARCH 31.** This deadline is non-negotiable. Incomplete applications will not be considered.

**Mail to:**

William Newton Hospital Auxiliary  
Brittney Shaffer, DVS  
1300 E. 5<sup>th</sup> Ave.  
Winfield, KS 67156



## Scholarship Application

Please type or print

Name \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

High School \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ What is your career preference? \_\_\_\_\_

College or university where you have been accepted into the above-named program:

\_\_\_\_\_

Address of college or university financial aid office: \_\_\_\_\_

**Attach a signed letter** indicating your interest in your chosen healthcare career field. Please include details of your experiences related to this field and your knowledge of its importance.

**List three current references** that will attest to your interest in the healthcare field you have indicated above. Request that each sends a letter of reference and his/her recommendation to the Scholarship Committee, in care of the WNH Director of Volunteer Services. Reference letters must not be from relatives/family members.

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_

Address \_\_\_\_\_

**Complete the following sections for anticipated expenses and financial need:**

<b>Expenses:</b>	<b>Fall Semester</b>	<b>Spring Semester</b>
Tuition		
Fees		
Books		
Dorm/Other Living Arrangements		
Meal Plan		
Other		
<b>Totals</b>		

Have you received or are you applying for other forms of financial assistance? Explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List all financial resources for the upcoming school year.

\$ \_\_\_\_\_ Resources from other sources, e.g., scholarships, loans, grants etc.

\$ \_\_\_\_\_ Estimate resources from parents, guardian, or spouse.

\$ \_\_\_\_\_ Personal resources

Is there any other information you wish to share regarding your financial situation? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Describe school and community activities you have been involved in:**

Extra-curricular Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Community Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Work (indicate year and hours per week from the last 3 years) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies and/or Interests \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Honors and Awards \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant Acknowledgement:** I hereby apply for a William Newton Hospital Auxiliary Scholarship. I have read and confirm that I am in compliance with the Scholarship Criteria.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In the event I am awarded a scholarship, I give consent for WNH Auxiliary to use my photo in local newspapers or social media publication.

**Completed applications and supporting materials must be received on or before MARCH 31.** This deadline is non-negotiable. Incomplete applications will not be considered.

**Mail to:** William Newton Hospital Auxiliary, Brittney Shaffer DVS, 1300 E. 5<sup>th</sup> Ave., Winfield, KS 67156