



## RANSOM MEMORIAL HOSPITAL AUXILIARY SCHOLARSHIP INSTRUCTIONS

### **THE PURPOSE OF THIS SCHOLARSHIP IS:**

To encourage any resident of Franklin County who is interested in a health-related career to pursue the necessary education, and hopefully find employment to meet the health needs of this County.

### **QUALIFICATIONS:**

- a. Must have a permanent address in Franklin County, and/or an employee of Ransom Memorial Hospital.
- b. Must be enrolled in or accepted in a health-related program which is offered by an accredited institution; basic pre-requisite courses such as pre-med or pre-nursing are not acceptable.
- c. Cumulative grade point average must be 3.00 or above from the most recent school attended.
- d. Applicants must reapply each year. This is not an automatic renewal.

### **PROCEDURE:**

- Applications may be obtained at the Information Desk at Ransom Memorial Hospital or filled out online and printed from the hospital web page at [www.ransom.org](http://www.ransom.org)
- Only computer printed or typed applications will be accepted. No handwritten applications will be accepted.
- Applications must be postmarked by **Wednesday, March 3, 2010.**  
No applications will be considered if postmarked after this date.
- Two signed letters of recommendation must accompany this application. Neither reference letter may be provided by an immediate family member. Without these recommendations the application will not be considered.
- Submit copy of official transcript from the most recent school attended with the completed application.
- Return completed application, transcript, and two letters of recommendation to:

Jody Lancaster  
Director of Volunteer Services  
Ransom Memorial Hospital  
1301 South Main Street  
Ottawa, KS 66067

- The applicant will be willing to arrange an interview with members of the Scholarship Committee, if requested.



# RANSOM MEMORIAL HOSPITAL AUXILIARY SCHOLARSHIP APPLICATION

## **INSTRUCTIONS**

If you are a DEPENDENT student (still on parents taxes) please skip Section 3.

If you are an INDEPENDENT student (age 24 or above, married, veteran, have a child of your own) please skip Section 2.

## **SECTION 1**

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Address (*if other than above*): \_\_\_\_\_ Phone: \_\_\_\_\_

Franklin County Resident: Yes \_\_\_ No \_\_\_ Current RMH employee: Yes \_\_\_ No \_\_\_

## **SECTION 2**

Parents or Guardian: \_\_\_\_\_

Occupations: Father \_\_\_\_\_ Mother: \_\_\_\_\_

## **SECTION 3**

Marital status: \_\_\_\_\_ Children: Number \_\_\_\_\_ Ages: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_

## **SECTION 4**

Schools attended (beginning with High School):

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ GPA: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ GPA: \_\_\_\_\_

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ GPA: \_\_\_\_\_

School that you plan to use this scholarship: \_\_\_\_\_

Date that you plan to enroll: \_\_\_\_\_

Major course of study: \_\_\_\_\_

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

(continued)

**BIOGRAPHICAL DATA**  
for the  
Ransom Memorial Hospital Auxiliary Scholarship

**INSTRUCTIONS**

Please answer these questions in order on a separate sheet and attach to the application sheet.  
(Limit 2 pages)

- A. Offices and positions of leadership held in school and/or community:
  
- B. Position held in gainful employment, with approximate dates:
  
- C. Honors and Awards received:
  
- D. Activities and Hobbies:
  
- E. Please explain why you chose your specified major and your professional goals.
  
- F. Provide a description of why you should be the recipient of a Ransom Memorial Hospital Auxiliary Scholarship.

**Return completed application, transcript(s) and  
2 letters of recommendation (other than family)  
by Wednesday, March 3, 2010 to:**

Jody Lancaster  
Director of Volunteer Services  
Ransom Memorial Hospital  
1301 South Main Street  
Ottawa, KS 66067

*Applications must be postmarked by  
Wednesday, March 3, 2010 to be considered!*