

Return completed and signed application, transcript, acceptance letter and two letters of recommendation (other than family) by Friday, March 7, 2025 to:

Jody Lancaster
Director of Volunteer Services
AdventHealth Ottawa
1301 South Main Street
Ottawa, KS 66067

Applications must be postmarked by Friday, March 7, 2025 to be considered.



Health Care Scholarship Instructions

Sponsored by AdventHealth Ottawa Volunteers

About the Scholarship

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 Franklin County.

Qualifications

- a. Must have a permanent address in Franklin County and/or be an employee of AdventHealth Ottawa. Please note, if married, you and your spouse must have a Franklin County address unless you are an employee of AdventHealth Ottawa.
- b. Must be enrolled in or accepted in a health-related program which is offered by an accredited institution; basic prerequisite courses such as general education classes, 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. Money may be used for the upcoming Summer 2025, Fall 2025 or Spring 2026 semesters.
- e. Applicants must reapply each year. This is not an automatic renewal.

Procedure

- Applications may be filled out online and printed by visiting AdventHealthOttawa.com/volunteerscholarship.
- Only computer printed applications will be accepted. No handwritten applications will be accepted.
- Please make sure you sign the application.
- Applications must be postmarked by March 7, 2025. 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.
- Submit copy of acceptance letter from an accredited two-year or four-year school that offers a health care curriculum.
- Return completed application, transcript, acceptance letter and two letters of recommendation to:
Jody Lancaster
Director of Volunteer Services
AdventHealth Ottawa
1301 South Main Street
Ottawa, KS 66067
- The applicant must be willing to arrange an interview with members of the Scholarship Committee, if requested.

Instructions

Are you a DEPENDENT student (still on parent’s taxes)? Yes No

If so, please skip Section 3.

Are you an INDEPENDENT student (age 24 or above, married, veteran, have a child of your own)?

Yes No

If so, please skip Section 2.

Section 1

Name _____ Date of Birth _____ Age _____

Social Security Number _____ Primary/Cell Phone # _____

Permanent Home Address _____

City _____ State _____ Zip _____

Current Address (if other than above) _____ Phone _____

Franklin County Resident: Yes No Current AdventHealth Ottawa 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 where you plan to use this scholarship _____

Date that you plan to enroll _____

Major course of study _____

Have you been accepted into a health-related program? Yes No

(please submit copy of acceptance letter)

Signature _____ Date _____

Scholarship Application

Please answer the questions below.

A. Offices and positions of leadership held in school and/or community:

Scholarship Application Biographical Data

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 an AdventHealth Ottawa Health Care Scholarship sponsored by AdventHealth Ottawa volunteers.