

# 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](http://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.

**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.

