

Maude Kelley Scholarship Application

MAUDE KELLEY SCHOLARSHIP

COMMUNITY HOWARD REGIONAL HEALTH FOUNDATION

INTENT

The Community Howard Regional Health Foundation is pleased to provide the Maude Kelley Scholarship Fund that was created on April 11, 1991. The purpose of this scholarship fund is to establish an ongoing source of financial encouragement and motivation to students actively enrolled in an accredited healthcare degree program and pursuing degrees and certificates in health care professions. Applications for scholarships will be assessed by the Scholarship Committee and scholarships awarded based on financial need, academic achievement and the likelihood of the recipient pursuing his or her career in Howard County and contiguous counties.

Application forms are available at the Foundation office, 3548 S. Lafountain, Annex Bldg., Kokomo, IN 46902 and on-line at eCommunity.com/foundation-howard. **Completed applications are to be returned to the Foundation office no later than Monday, April 15, 2024 by 4:00 p.m.**

The application form should be fully completed to assure the best possible chance of securing a scholarship. Any special circumstances not covered by the questions should be described and attached. The Committee will welcome the added input.

The applicant must be actively enrolled in an accredited health care degree program and submit a copy of their transcript of grades.

The scholarships are intended to apply for tuition and fees. Checks will be made payable to the school after a current transcript of grades and an account statement have been received in the Foundation office. Scholarship awards are contingent upon showing evidence of a "C" average grade.

Members of the community, who feel the scholarships will assist in developing much needed health care professionals, are urged to donate funds to the Maude Kelley Scholarship Fund through the Community Howard Regional Health Foundation. The donations will be preserved and only the earnings used for scholarship awards.

GUIDELINES

1. If funds are available, the Foundation may award scholarships to qualified and approved persons. Funds available for student scholarships are derived from an annual fund based on the previous year's earnings applied to monies set aside for this purpose.
2. The maximum scholarship amount to one applicant is: \$1,000 per year for undergraduate Nursing students with a lifetime limit of \$4,000; \$1,500 per year for graduate Nursing students with a lifetime limit of \$6,000; and \$1,500 per year for medical students with a lifetime limit of \$6,000. The amounts may vary from year to year depending on funds available. The annual limits are subject to periodic review and may be adjusted according to economic conditions. All students must apply or reapply on an annual basis.
3. The applicant must be actively enrolled in an accredited healthcare degree program that illustrates a professional relevance to his or her health career and must submit a copy of grade transcripts.
4. The applicant should state their interest in employment in Howard County and contiguous counties.
5. The applicant must submit a plan for his or her selected training program and future for review by the committee.
6. The applicant must submit a short essay (less than 300 words) on "My Reasons for Choosing a Health Career."
7. Scholarship applications must be received no later than April 1st of each year at the Foundation office. Sixty days are allowed for evaluation.
8. Applications will be reviewed and awarded by the Scholarship Committee of the Foundation. Applicants not selected may reapply in subsequent years. **Recipients of the scholarship will have until 4pm on Monday, November 4, 2024, to provide documentation to receive awarded scholarship funds. Failure to provide documentation will result in forfeiture of scholarship.**
9. Falsification of application records or information thereof is in violation of law and will disqualify the applicant.
10. Approved scholarships for tuition and fees will be disbursed by check directly to the school. Scholarship awards are contingent upon showing grade evidence of a "C" average.

**MAUDE KELLEY SCHOLARSHIP
COMMUNITY HOWARD REGIONAL HEALTH FOUNDATION**

APPLICATION

1. General Information *(please print)*

Name: _____
 First Middle Initial Last

Home Phone #: _____ Cell phone #: _____

Permanent Address: _____
 Street Apt. #
 _____ _____ _____ Zip Code
 City State Zip Code

Address at School: _____
 Street Apt. #
 _____ _____ _____ Zip Code
 City State Zip Code

School Phone #: _____ E-mail: _____

County of Residence: _____ Marital Status: Single Married

Employer: _____ Occupation: _____

Guardian/Parent/Spouse's Name: _____

Guardian/Parent/Spouse's Address: _____
 Street Apt. #
 _____ _____ _____ Zip Code
 City State Zip Code

Affiliation with anyone at Community Howard Regional Health: *(please circle)* YES NO

If YES, to whom? _____

2. Education History - Career Plans

	Name	Major	Class Rank	GPA/Degree Date
High School				
College				
Other				

Special Recognition or Honors: _____

Career Objective: _____

Year of Study (What year of school/college are you in at application date?):

Scholarship to be used for (Immediate Objective): _____

Anticipated Completion Date: _____

3. Financial Information

Outstanding Loans (Amount): _____

Present Grants: _____

Present Loans: _____

Present Scholarships: _____

Reimbursement (Employer, etc.) (Received or Available):

Last Years' Reported Gross Income to IRS: (Parent(s) \$_____ (Student) \$_____ (Spouse) \$_____

Social Security Benefit (Amount): _____ Veteran Benefit (Amount): _____

Other Income (Explain):

4. Work Experience

Past Work Experience to Present: _____

5. Community Involvement and Leadership

6. Certification

I have read the Foundation guidelines and certify I am eligible for a scholarship and can comply with the guidelines. In addition, the information given on this application is correct to the best of my knowledge.

I have submitted a plan, essay, and transcript with this application.

If I am selected as a Maude Kelley Scholarship recipient, I grant Community Howard Regional Health permission to use pictures and/or statements pertaining to the awarding of said scholarship.

I will consider employment at Community Howard Regional Health upon graduation if employment is available.

x _____
Signature Date

Printed



NOTE: Foundation's address:
3548 S. Lafountain, Annex Bldg., Kokomo, IN 46902 * 776.8066 * 453.8366 (fax)

7. Check List

Before submitting your application, please confirm that you have completed and included all requirements below. **Failure to include all requirements by the deadline will make your application incomplete and it will not be considered.**

- The applicant must be actively enrolled in a program that illustrates a professional relevance to his or her health career.
- The applicant must submit a completed application.
- The applicant must submit a copy of grade transcripts.
- The applicant must submit a plan for his or her selected training program and future which will be reviewed by the committee.
- The applicant must submit a short essay (less than 300 words) on “My Reasons for Choosing a Health Career” which should also include the applicant to state their interest in employment in Howard County and contiguous counties.
- Scholarship applications must be received no later than Monday, April 15, 2024, by 4pm to the Foundation office at 3548 S. Lafountain, Kokomo, IN 46902.

Note

Applications will be reviewed and awarded by the Scholarship Committee of the Foundation. Scholarship recipients will be announced and notified by mail in June 2024. Recipients of the scholarship will have until 4pm on Monday, November 4, 2024 to provide documentation to receive awarded scholarship funds. Failure to provide documentation by the deadline will result in forfeiture of the scholarship.