

**Greater Lee's Summit Health Care Foundation
Scholarship Application**

The Greater Lee's Summit Health Care Foundation Application must be completed and returned to the Foundation no later than April 1, 2006. The Foundation address is shown below.

All required attachments must be included with the Application at the time of submission. Transcripts for the second semester must be submitted when those documents are available.

Personal Data

Name & Address: _____

If the above address is *not* in Lee's Summit, please explain when you did reside in Lee's Summit, thereby meeting the eligibility criteria for this scholarship: _____

Social Security Number: _____ (This number will be kept confidential.)

Telephone Number: _____ E-Mail Address _____

Academic Data

College, University or other Academic Institution you currently attend: _____

Current degree or healthcare program: _____

Number of academic hours completed: _____

Anticipated graduation date: _____

Current Grade Point Average & Grade Scale (for example, 3.5 on a 4.0 scale): _____

College, University or other Academic Institution you expect to attend beginning September: _____

(If this is a different educational facility than you currently attend, please attach a copy of the Acceptance Letter from this institution.)

Additional Information Required

The following information is required to support this application for the Greater Lee's Summit Health Care Foundation Scholarship.

1. All college transcripts showing grades and classes completed after high school graduation. (An updated transcript for the current semester or term will be required before funds are disbursed prior to the fall semester.)
2. Recommendation letters from three individuals supporting your application. (These letters must be from non-family members.)
3. The address at the College or University to which tuition funds will be mailed if this scholarship is awarded to you.

The applicant may, at his or her discretion, include an essay in support of this application. This essay may include information explaining financial need, or any special circumstances the applicant wishes to bring to the attention of the Board.

Please return the completed application and all attachments no later than April 1, 2006 to:

The Greater Lee's Summit Health Care Foundation
P.O. Box 571
Lee's Summit, MO 64063

If you have any questions, please contact the Foundation by e-mail at scholarship@lshealthcare.org or by mail at the above address. (If you use e-mail, please use "Foundation Scholarship" in the subject line.) Thank you.

I hereby confirm that all information provided on this application is correct. I understand that any false information automatically disqualifies me from eligibility for this award.

Signature of Applicant

Date