

Soroptimist International of Kansas City Northland Healthcare Scholarship Selection Criteria and Application Procedures

Purpose: The Soroptimist International of Kansas City Northland Healthcare Scholarship provides an annual scholarship for a young woman going into her first year in a healthcare field.

Student Eligibility: To be eligible for a Soroptimist Scholarship, the student must be a female graduating senior of a high school in the North Kansas City School District, Park Hill School District, Platte County High School, or St. Pius X High School and entering an institution of higher education in a healthcare field. Student must be enrolling in a B.S. or above designated healthcare degree program.

Amount of Scholarship: \$1,000 for one year

Application Procedures: Application packets will be provided to the counselors for each of the high schools by February 1 of each year. Application packets will include:

1. Information sheet with details about the selection criteria, eligibility requirements and instructions for completing the student application and submitting recommendation letters.
2. An application to be completed by the student applying for the scholarship.

The following information is required for a complete application:

- Student Application (attached)
- Personal Letter (include information concerning your career plans, interests, and activities in school, church, community, and listing any honors or awards and additional information that would be helpful to the scholarship committee)
- Grade Transcript
- Schedule of Classes for the Senior Year
- Two letters of recommendation (letters may be from teachers, employers, or others. Do NOT submit letters from relatives, a pastor or your counselor)

Mail your complete application to the Northland Community Foundation no later than February 20.

Soroptimist International of Kansas City Northland Healthcare Scholarship Committee
Northland Community Foundation
1055 Broadway, Suite 130
Kansas City, MO 64105

Selection Criteria: All complete applications will be reviewed by the Soroptimist International of the Northland Healthcare Scholarship Committee. The committee is composed of volunteers.

Scholarship Award: The scholarship recipient will be recognized at the Soroptimist Annual Awards Banquet and the Northland Community Foundation Annual Meeting.

The scholarship will be paid directly to the college or university that the scholarship recipient attends in two equal installments for each semester of the student's freshman year.

Soroptimist International of Kansas City Northland Healthcare Scholarship Student Application

Name _____

Address _____

Telephone _____ Date of Birth _____ Soc. Sec. # _____

Father's Name _____

Address(if different from students) _____

Place of employment and position _____

Mother's Name _____

Address(if different from students) _____

Place of employment and position _____

What college or university do you plan to attend? _____

Accepted Application Pending

Who is financing your education? _____

What part of your college expenses will you be expected to earn? _____

Information on jobs held by applicant during high school career: _____

Applicant's Signature _____ Date: _____

Send completed application, personal letter, grade transcript, schedule of classes and two recommendation letters by February 20 to:

**Soroptimist International of Kansas City Northland Healthcare Scholarship Committee
Northland Community Foundation
1055 Broadway, Suite 130**

Kansas City, MO 64105

Soroptimist International of Kansas City Northland Healthcare Scholarship Recommendation Letter

You have been asked to submit a recommendation letter for the student listed below. Please respond to the questions on this form. Please return the recommendation letter to the applicant.

Student's Name _____
Last First Middle

Your Name _____

School Affiliation _____ Phone Number _____

Signature _____ Date _____

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How long have you known this student? _____

Please share with us why you believe we should award a Soroptimist International of Kansas City Northland Healthcare Scholarship to this student. (You may use this sheet or attach a separate sheet for your response to this request.)