

# **Delta Kappa Gamma Omega Chapter Scholarship**

Sponsored by: Omega Chapter of Delta Kappa Gamma

1. Applicants will be required to be residents of Hardin County and pursuing a career in education.
2. Applicants will be judged on the basis of their interest, financial need, aptitude, and academic merit.
3. Applicants will be required to present transcripts of earned high school credits, and a completed application form.

(Please print in ink or type)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

Grade Point Average \_\_\_\_\_ ACT Score \_\_\_\_\_

Which college do you plan to attend? \_\_\_\_\_

List or attach list of Honors and/or Awards\* \_\_\_\_\_

\_\_\_\_\_

List or attach list of Extracurricular Activities (School and Civic) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Write 1 page giving your reasons for choosing a career in the education profession.

Attach the page to this application.

Due to Mrs. Smith in the Guidance office on  
FRIDAY, FEBRUARY 17, 2017

# River City Kiwanis Scholarship Application

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

PARENTS ADDRESS \_\_\_\_\_

PARENTS NAME \_\_\_\_\_

PARENTS ADDRESS \_\_\_\_\_

SOCIAL SECURITY NO. OF APPLICANT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_

GRADE POINT AVERAGE \_\_\_\_\_

ACT SCORE \_\_\_\_\_

1. What major are you intending to pursue? \_\_\_\_\_

2. What career do you intend to pursue? \_\_\_\_\_

3. Please list all outside work experience? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please list all charitable or social work which you have performed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please indicate if you have been awarded any other scholarships or financial aid or assistance.

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6. Please prepare and attach a brief essay addressing your career goal and your need for financial assistance.

7. Please provide the following references.

PERSONAL REFERENCE

ACADEMIC REFERENCE

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Phone Number \_\_\_\_\_

9. Please attach a copy of your high school transcript.

\*\* (Your guidance counselor will attach a copy of your transcript.) \*\*

*I the undersigned applicant for the RIVER CITY KIWANIS SCHOLARSHIP do hereby swear or affirm that all information submitted in conjunction with this application is true to the best of my knowledge, information and belief.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Due to Mrs. Smith in the Guidance office on  
FRIDAY, FEBRUARY 17, 2017

**Requirements for Applicants  
of the  
Hardin Medical Center Hospital Auxiliary Scholarship**

1. **Applicant must be resident of Hardin County.**
2. **Applicant must be pursuing further education in a health related field.**
3. **Motivation, financial need, aptitude and academic merit are of prime consideration.**
4. **Applicant must have a current high school transcript or high school diploma or it's equivalent and current transcript to accompany application.**
5. **A personal interview will be required. Finalists will be notified of interview dates.**
6. **Applications are to be fully completed and all documents provided in order to be considered.**
7. **Application must be submitted prior to March 1<sup>st</sup> at the Hospital Gift Shop.**
8. **Scholarships to be presented to Hardin County High School Seniors will be given at the Awards Day ceremonies; others will be announced during National Hospital Week in May.**
9. **On student's registration at his/her college, the Scholarship money will be sent to the school or college. Please have name and address of school registrar when calling to request Scholarship payment.**

Due to Mrs. Smith in the Guidance office on  
FRIDAY, FEBRUARY 17, 2017

**Application For Hardin Medical Center Auxiliary Scholarship  
Academic Year 2016 - 2017**

**Application Must Be Submitted by March 1<sup>st</sup>  
Scholarships Will Be Mailed To School By August 15<sup>th</sup>  
The Application Must Be Filled Out Completely**

Name of Applicant \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Marital Status: Single \_\_\_ Married \_\_\_ Spouse's Name \_\_\_\_\_

Applicant's Income \_\_\_\_\_ Spouse's Income \_\_\_\_\_

Applicant's Soc. Sec. # \_\_\_\_\_ Attach 1<sup>st</sup> Page of 1040 showing Net Income

**If Single Give:**

Father's Name \_\_\_\_\_ Annual Income \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Attach 1<sup>st</sup> Page of 1040 showing Net Income

Mother's Name \_\_\_\_\_ Annual Income \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Attach 1<sup>st</sup> Page of 1040 showing Net Income

**Other Dependent Children in Family; Show Age and if in college:**

\_\_\_\_\_  
\_\_\_\_\_

**ACADEMIC QUALIFICATIONS**

1. High School, College or Technical School you now attend or last attended \_\_\_\_\_
2. Grade or Classification level as of January 31<sup>st</sup> \_\_\_\_\_
3. Current Grade Point Average \_\_\_\_\_ 4. ACT Score \_\_\_\_\_
5. What College, University or Technical School do you plan to attend \_\_\_\_\_

Address \_\_\_\_\_

6. What field of study do you plan to attend \_\_\_\_\_

7. What will be the amount of your tuition per year \_\_\_\_\_

How do you plan to meet this cost \_\_\_\_\_

Are you now, or do you expect to be, the Recipient of any Other Scholarships or Grants \_\_\_\_\_

If Yes, from where \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ Amount \_\_\_\_\_

8. List any Honors and/or Awards, extracurricular activities, social or charitable work

\_\_\_\_\_  
\_\_\_\_\_

9. Do you have any relationship to a member of the Hospital Auxiliary \_\_\_\_\_

10. Attach a letter of recommendation from one of the following:

Teacher, Principal or Guidance Counselor

### PERSONAL QUALIFICATIONS

1. Attach a letter stating reasons why you feel you should be considered for a Scholarship. Include purposes for your course of study, plans for the future and any other information you feel would be helpful in evaluating your application.

2. Attach a transcript of latest grades available.

I, the undersigned applicant for the HARDIN MEDICAL CENTER AUXILIARY SCHOLARSHIP, do hereby swear or affirm that all information submitted in conjunction with this application is true to the best of my knowledge, information and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date