

KIT CARSON MEMORIAL HEALTHCARE FOUNDATION

355 17th St.
 BURLINGTON CO 80807
 PHONE 719-346-8737 or 719-343-5644

PRESIDENT - Jerry McArthur
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KIT CARSON MEMORIAL HEALTHCARE FOUNDATION SCHOLARSHIP APPLICATION

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|---|---------------------|
| Applicant's Name | |
| Home Address | |
| City/State/Zip Code | |
| Home Telephone | Alternate Telephone |
| Email: | |
| College/University planning to attend _____ | |
| Date of planned enrollment _____ | |
| School Address _____ | |
| City/State/Zip Code _____ | |
| School Telephone _____ | |
| Program enrolled in: _____ | |
| Grade point average: _____ | |

Please include the following items with your Scholarship Application:

- ***BUDGET** for the funding you are requesting. This may include tuition, books and fees only and should reflect a time schedule for completion of the program you will be attending i.e.. Fall Semester, Spring Semester, etc... PLEASE ONLY SUBMIT BUDGET FOR ONE YEAR TIME PERIOD.
- ***ESSAY** of less than 150 words describing why you chose this field and your goals.
- ***PROOF OF ACCEPTANCE/ENROLLMENT** to the college/university you are planning to attend.
- ***ONE LETTER OF RECOMMENDATION** from a professional or personal reference.

By submitting this application, I certify that I have read, understand and agree to abide by the general requirements of this program, and specifically that **I will return to work in a Kit Carson County based healthcare endeavor one year for each year of assistance that I receive which utilizes my scholarship education.** This award will become a loan, due and payable immediately to the Foundation, if I do not return to work in a Kit Carson County based healthcare endeavor.

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|-----------------|------------|
| Signature _____ | Date _____ |
|-----------------|------------|

Please return completed application to:
 Lindsay Smith
 279 11th St.
 BURLINGTON CO 80807

| | |
|--|---------------------|
| This box reserved for Foundation office use ONLY | |
| Date received: _____ | Application # _____ |
| by: _____ | |
| Total Funding requested: _____ | |
| Total Funding GRANTED: _____ | |

Supporting the Foundation is Guaranteeing the Future of Healthcare in Our Area