

**KODIAK HOSPITAL AUXILIARY AND
ALASKA MEDICAL EMPLOYEE ASSOCIATION (AMEA)**

GRADUATING SENIOR OR CONTINUING EDUCATION SCHOLARSHIP

WHO IS ELIGIBLE?

Candidates must be high school graduates who are, or shall be pursuing studies in a health field at an accredited college or university. Graduating high school seniors, college or university students, as well as those seeking continuing education are all welcome to apply.

HOW TO APPLY:

1. **THREE** letters of reference will be required. Supply the names of each of the three individuals who will be writing a letter of reference with each enclosed reference form. Include at least one teacher if currently enrolled, or employer if currently employed.
2. If you are currently attending high school, a college or university, please submit a copy of your transcript.
3. Submit your completed application, three letters of reference, transcript if applicable and current contact phone number and address to the Auxiliary address below by the deadline date of June 1, 2012.

**KODIAK HOSPITAL AUXILIARY
1915 E. REZANOF DRIVE
KODIAK, AK 99615**

DEADLINE JUNE 1, 2012

**IF ANY QUESTIONS, PLEASE CALL SCHOLARSHIP COMMITTEE
c/o KAREN LEATHERMAN AT 486-3281**

4. Applications not meeting these criteria will not be considered.

SCHOLARSHIP APPLICATION

1. Full Name _____

2. Current Address _____ City _____

State _____ Zip Code _____ Phone Number _____

3. Name of high school and dates attended _____

4. Dates and where you have attended college, if applicable _____

_____ Grade Point Average _____

5. High School or College subjects that you have studied _____

6. List your involvement in the following: Community activities, organizations, clubs, educational, achievements, awards and honors.

7. Have you ever been employed? If so, give the name(s) of the firm(s) or persons for whom you have worked, dates worked and the positions held.

8. In what health care field do you intend to major? _____

Why have you made this career choice? _____

**Kodiak Hospital Auxiliary and AMEA
Scholarship Form
Page Two**

9. Which college or university do you plan to attend?

10. Briefly describe your plans for further education.

How do you intend to finance this education? _____

11. If there is anything else you would like us to know about you, you may write on the back of this page or on a separate sheet of paper.

SIGNATURE OF APPLICANT

**KODIAK HOSPITAL AUXILIARY AND
ALASKA MEDICAL EMPLOYEE ASSOCIATION (AMEA)
1915 E. REZANOF DRIVE
KODIAK, AK 99615**

REFERENCE FORM

Re: Scholarship Application of: _____

Dear Reference Writer:

The above named student is applying for a scholarship from the Kodiak Hospital Auxiliary and AMEA. The purpose of the scholarship is to provide financial aid to a student who is entering or returning to undergraduate or graduate level studies at an accredited college or university.

Considerations in awarding the scholarship are health care vocation, commitment to higher education, character and financial need. In your recommendation, please include comments on academic achievement, leadership, responsibility and attitude.

Please return your Letter of Reference to the requesting applicant for submission with their application. Your prompt attention to this matter would be appreciated. No application will be considered without the required three reference letters.

Thank you,

Kodiak Hospital Auxiliary and AMEA
Scholarship Committee