

Return by March 27, 2026 to:
Memorial Health System Volunteer Corps
511 NE 10th St
Abilene, KS 6741

Memorial Health System Volunteer Corps Scholarship Application

This \$1,000 scholarship will be awarded to a Dickinson County High School senior who has contributed volunteer hours within the community and is seeking a medical-related degree. The student must have at least a 3.0 GPA and plan to attend an accredited college or vocational school. Consideration will also be given to the student's activities, honors, and recommendations.

Name of Applicant: _____

Address: _____

Phone: _____ Email: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

School Planning to Attend: _____

Number of brothers and sisters and their ages: _____

How many siblings will be attending college next year? _____

Cumulative High School G.P.A.: _____ Class Rank: _____

◻ please attach a copy of your official transcript.

Resume

◻ Attach a resume that includes:

- Current and past employers
- Volunteer activity
- Extra-curricular involvement

If you have any questions, contact:
Jenny Stuck, Volunteer Services Manager
✉ Email: lstuck@mhsks.org Phone: 785-263-6692

Recommendations

List at least two people who can testify to your eligibility for this scholarship based on your academic achievements, volunteer hours, integrity, and character.

1. Name: _____ Position: _____

2. Name: _____ Position: _____

¶ Please contact these individuals and request they send a letter of recommendation. Include their letters with your application in a stamped envelope addressed to:

Memorial Health System Volunteer Corps
511 NE 10th St
Abilene, KS 67410

1 *Postmarked no later than March 27, 2026.* In your own words, write a paragraph explaining what you plan to do after high school and describe the experiences or influences that led you to choose this path.

I understand that if I am selected for the Memorial Health System Volunteer Corps Scholarship and do not complete the semester of school for which I received a scholarship, I am required to repay the full scholarship amount of \$1,000. I am also willing to furnish a photo for publicity purposes if requested.

✓ Application must be completed in full to be considered.

Applicant's Signature: _____
Date: _____