

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: jstuck@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: _____

g 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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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: _____