



2018 - 2019
 PHLEBOTOMY SCHOLARSHIP
 APPLICATION
 STORMONT VAIL HEALTH AND
 TOPEKA COMMUNITY FOUNDATION

Please indicate the semester in which you plan to begin the Phlebotomy program.

- Summer 2018 Fall 2018 Spring 2019 Summer 2019

Please print clearly. Turn in a completed application, with all applicable signatures to the financial aid office. **If this form is incomplete, inaccurate, or not signed, it will not be considered.**

Eligibility criteria and scholarship requirements can be found on the list of Scholarships Available for the 2018 – 2019 school year. The list can be found on the Washburn Tech website at www.washburntech.edu and is also located in the Admissions office. Incomplete packets will not be considered.

Scholarship applying for: (you may choose one or both)

- Stormont Vail Health Topeka Community Foundation

If selected for the scholarship the student’s tuition, fees and other program related charges will be paid. Book charges are the responsibility of the student and cannot be paid through the scholarship.

Personal Information:

Student Name: _____ Student ID# or SSN#: _____

Home Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell/Other Phone: _____

Gender: Male Female

Race:

- American Indian/Alaska Native Asian White Hispanic
 Black or African American Native Hawaiian or Other Pacific Islander

Work History:

Most recent or current employer	Job Title	Begin Date	End Date

Education History:

Are you a high school graduate? Yes No If yes, when/where did you graduate? _____

If no, are you currently attending high school? Yes No If yes, which one? _____

Do you have your GED? Yes No If yes, when did you receive it? _____

Have you previously attended Washburn Tech/Kaw Area Technical School? Yes No

If yes, when? _____ What program/course did you take? _____

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Please answer the following questions about yourself. Your complete answer should be between 250 and 400 words or approximately 50 to 80 words per answer.

Typed answers are recommended but hand written answers will be accepted. The answers will be rated on content, grammar, and punctuation.

1. Why did you select the program you are enrolled in? What appeals to you about TECHNICAL education?
2. What characteristics/qualities do you possess that will likely make you a “success” in this career?
3. If we were to ask your friends to describe you, what would they say?
4. What high school, church, community activity, or hobby has given you the most satisfaction? Why?
5. Describe your “work ethic”not a dictionary definition, but your personal definition!

After completing this application, initial the Authorization Information statements and sign and date. Submit the completed application packet to the Washburn Tech Financial Aid Office. Electronic submissions are not available at this time.

Authorization Information:

_____ I authorize Washburn Institute of Technology (Washburn Tech) staff to access all of my
(Initial) current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for Washburn Tech.

_____ I understand my name and information from my academic history may be released to the
(Initial) scholarship selection committee(s) and/or the scholarship donor(s). If awarded a scholarship, I release to the Washburn Tech staff and scholarship committee, the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and/or video materials, reports, and press releases, without compensation. I also recognize the advisability of sending a letter of thanks to the donor of the scholarship.

My hometown newspaper is _____.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and/or scholarship donor(s). I understand that inclusion of false or misleading information on this application will result in my being declared ineligible for this scholarship.

Student Signature: _____ **Date:** _____

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