

Bethany Circle

**International Order of the King's Daughters and Sons
Southeastern District**

Scholarship Description

Eligible Applicants: Graduating seniors from all schools in the primary service area of the hospital, who are interested in furthering their education and pursuing a career in the human healthcare field.

Criteria Evaluated: Financial need, demonstrated academic ability, and demonstrated concern for school and community.

Required: Minimum 250 word essay describing why you are interested in healthcare, three letters of recommendation, and 3.0 GPA.

Please complete the attached application thoroughly. Incomplete applications won't be considered for an award.

Application Deadline Date:

April 15th

Submit Application To:

King's Daughters' Health

Attn: Traci Hafer, Executive Secretary

1373 East SR 62

Madison, IN 47250

Application for Bethany Circle Healthcare Scholarship

(Type or Print All Information)

Student Name _____

Birth Date _____

Address _____

Phone _____

School _____

GPA _____

Background Information

Mother's Name _____ Address _____

Occupation _____ Employer _____

Father's Name _____ Address _____

Occupation _____ Employer _____

Do you have a family member who is a member of Bethany Circle or the Order of the King's Daughters and Sons? If so, please specify. _____

Do you have a family member who works for King's Daughters' Health? If so, please specify. _____

Financial Information

Parents' Gross Income: (check one)

_____ Under \$20,000

_____ \$41,000 - \$60,000

_____ \$81,000 - \$100,000

_____ \$21,000 - \$40,000

_____ \$61,000 - \$80,000

_____ \$100,000 - \$120,000

_____ \$121,000 - \$150,000

_____ \$151,000 - \$200,000

_____ \$200,000 Plus

Number of brothers and sisters at home _____ Number of brothers and sisters in college _____

Is financial aid necessary for you to attend college? _____

Please explain any personal and/or family conditions that should be considered when evaluating financial need?

List Scholarships/Financial Aid applied for and amount and frequency of payment (ex. once, annually for 4 years):

1. _____ Received? (Y/N) ___ \$ _____ Frequency? _____
2. _____ Received? (Y/N) ___ \$ _____ Frequency? _____
3. _____ Received? (Y/N) ___ \$ _____ Frequency? _____
4. _____ Received? (Y/N) ___ \$ _____ Frequency? _____

Are you a 21st Century Scholar? (Y/N) _____

Anticipated use of this scholarship if awarded: _____

Future Education Information

What is your intended major? _____ Chosen Occupation? _____

Colleges/University/Programs you have applied to: (please list)

- | | | |
|----|-------|-----------------|
| 1. | _____ | Accepted? _____ |
| 2. | _____ | Accepted? _____ |
| 3. | _____ | Accepted? _____ |
| 4. | _____ | Accepted? _____ |

Additional Information

List your activities demonstrating concern for school and community:

*Please attach your most recent academic transcript reflecting your current GPA.

*Please attach 3 letters of recommendation. One *each* from an employee of your school, member of your church, or member of your community is preferable.