

Kansas Healthcare Engineers Association Fall 2024 Scholarship Application Will be awarded April 18, 2024

Name_		Audiess		
Phone_	·····			
	Requirements to qualify for Fall 202	4 scholarship(s):		
1.	MUST BE AN IMMEDIATE FAMI GOOD STANDING Member Name:	ILY MEMBER OF A KI	HEA MEMBER or I	MUST BE A KHEA MEMBER IN
2.	ATTENDING COLLEGE, UNIVER PARTICIPATING IN FURTHER T College/School/Conference Name	RAINING OR EDUCAT	,	
	AddressCity	State	Zip	
	Semester Attending	5tate	21p	
	Conference Name		Date	
3.	MUST SUBMIT A ONE-PAGE ES	SAY ON:		

A ddragg

How do you plan to give back to your community or make a positive impact in the future?

Two \$500 scholarships will be awarded for each semester. Students are required to reapply and submit an essay for each semester they wish to be considered for. Financial need, scholastic status, and degree major are NOT factors in the selection process. The scholarship committee will judge applicant essays and the two essays that receive the most votes will be awarded the scholarships for the following semester. Scholarship committee members with family member(s) as applicant(s) WILL NOT vote.

Applications for the Fall 2024 scholarship awards must be received by April 12, 2024.

Winning applications will be forwarded to the KHEA treasurer who will in turn notify the winner(s) by mail.

Proof of enrollment for the Fall 2024 semester is required before payment will be made.

REMINDER – All scholarship awards will be paid directly to applicants' school or to the sponsor of the conference he/she will be attending.

Payments are NO LONGER made directly to applicant.

Please attach essay (without name) to this application and send it to:

KHEA Scholarship Committee c/o Jennifer Findley Kansas Hospital Association 215 S.E. Eighth Avenue Topeka, KS 66603-3906 jfindley@kha-net.org

Student Signature	KHEA Member Signature