



Banner Health
McKee
Medical Center
Foundation

McKee Scholarship Program Instructions

High school seniors and adult learners seeking a scholarship from the McKee Medical Center Foundation should review the guidelines, complete the application form, write a personal letter and gather the required materials. Be exact in the preparation of the application packet. It will be reviewed by the McKee Scholarship Program Committee. Please submit your completed packet to the McKee Medical Center Foundation, 1805 E. 18th St., Suite 9, Loveland, CO 80538 by March 10, 2017.

In preparing your scholarship packet, the following steps should be followed:

- 1) Complete the scholarship application form carefully; computer generated or typed is preferred, yet handwritten forms will be accepted. Supply all the information requested. Incomplete or illegible applications will not be reviewed.
- 2) Prepare a one-page personal letter to accompany your application form. This letter should include and explain any information which you feel was not adequately explained or accounted for in application form. Describe your ambitions and goals, reasons why you feel you merit consideration for a scholarship award, and any other information you feel will adequately present yourself to the McKee Scholarship Program Committee.
- 3) Obtain a transcript of grades from the last school you attended.
- 4) Request three (3) letters of recommendation. (The individuals from whom you request letters of recommendation should know you well and may include a teacher, supervisor, neighbor, pastor or coach.) The letters should be in the packet at the time of delivery to the McKee Medical Center Foundation.

Scholarship winners will be notified in May of 2017.



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Anticipated major? _____ Anticipated career _____

When do you plan to enter college if you have not already? _____

What healthcare field do you plan to study? _____

List three people who have provided letters of recommendation; as well as the capacity in which they know you (e.g. Mr. John Doe, High School Physics Teacher).

- 1.
- 2.
- 3.

ACTIVITY INFORMATION *(include school, church and community activities. Continue on an attached Word document as needed.)*

Name of Activity	Years Active	Positions/ Offices Held	
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Community Service / Volunteer Activities

Total Volunteer Hours:

Name of community organization	Month/Year	Vol. hrs completed	Role/Duties
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List honors/ awards/ special recognition



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 Foundation

Personal Information

- a. If your education has been interrupted because of major illness, accident, travel, employment, please describe:

- b. Students, please list what type of summer and after school employment you have had:

- c. McKee Employees - *provide a resume of all full time employment.*

CONFIDENTIAL FINANCIAL INFORMATION

Did you file a FAFSA form for Financial Aid? Y N

If yes, a copy of your FAFSA should be included here.

If no, please indicate if you identify in any of the following categories?

1st Generation Student Student of Color Low income Assisted by family for the cost of school

Other: _____

If you did not file a FAFSA, complete all known information below. *If you did file a FAFSA, please include your FAFSA form in your application packet.*

Father's or Guardian's Occupation: _____ Annual net income: _____

Mother's or Guardian's Occupation: _____ Annual net income: _____

Personal Occupation: _____ Annual net income: _____

2016 Untaxed Income / Benefits
 (including Social Security benefits, AFDC/ ADC, child support for all children): _____

What was your parents' adjusted gross income for 2016?
 (stated on IRS form 1040 line 37; 1040 A line 21 or 1040 EZ line 4): _____

Net worth of current assets: _____ Net worth of current business (if business owner): _____

Parents' marital status: Married Single Separated Divorced Widowed

Who do you primarily reside with?

Father Mother Both Parents Guardian



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McKee
 Medical Center
 Foundation

State the number of people dependent upon the above listed income (include parents, dependent children, aged relatives or others as reported to the IRS): _____

Will any of the dependents in your household attend college while you attend? **Y** **N**

If yes, how many? _____

Where do you plan to live while attending college? _____

ANTICIPATED EDUCATIONAL EXPENSES FOR THE UPCOMING ACADEMIC YEAR

Tuition and fees	_____
Room & Board (include rent and utilities)	_____
Transportation (include vehicle maintenance, insurance, payments)	_____
Other expenses (books, supplies, scrubs, shoes, computer, etc.)	_____
Total	_____

Additional scholarships for which you have applied: _____

Scholarships that you have received: _____

SIGNATURE OF APPROVAL

I hereby certify that to the best of my knowledge, the information furnished on this application is true and complete.

 Signature of applicant

 Date signed



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ADULT LEARNERS ONLY

Date of admission to the college/ university where you are studying (or plan to study): _____

Have you been accepted into the medical program you desire to enter? **Y** **N**

If not, what is the program name? _____

When do you expect to enter that program? _____

When do you expect to graduate from that program? _____

EDUCATIONAL BACKGROUND (*attach extra pages if necessary*)

High School Education

- a. Name of school _____
- b. Location _____
- c. Date of graduation _____

Post High School Education

- a. Name of school _____
- b. Location _____
- c. Date of graduation _____

Your health career - please briefly state your health career plans, the reasons why you chose your planned health profession, where you plan to practice your profession after graduation and what guidance you have received in making these plans: