**AWARD DESCRIPTION**

The Carol Marinovich Award honors former Kansas City, KS Mayor Carol Marinovich for her vision and leadership in Wyandotte County. The student group selected to receive this award is chosen for providing an outstanding community service project in Wyandotte County.

**ELIGIBILITY CRITERIA**

1. Student groups must be comprised of currently enrolled students at the University of Kansas Medical Center during the academic year for which it is given.

2. A student group is defined as at least three KUMC students that may or may not be a registered student organization at KUMC. The group must consist of KUMC students only.

3. The project undertaken by the group must have been completed in Wyandotte County for the benefit of the citizens of Wyandotte County.

**APPLICATION PROCESS**

1. A completed application packet will include:
   a. Carol Marinovich Award application form.
   b. Two to four recommendation letters, with at least one being from a member of the community, which should speak to the impact the project had on the community.

2. Completed application packets must be submitted to Ryan Gove, Office of Student Engagement, G005 Orr Major, by 4:00 p.m. on Wednesday, March 28th, 2012. Incomplete packets will not be accepted.

3. The award winner will be announced at the Student Leader Reception on April 24th, 2012 3–5pm in the School of Nursing Atrium.

**INSTRUCTIONS:** Please TYPE or PRINT the answer to each question. I understand that any information submitted by me will be shared with members of the awards committee. **Please Note:** All pieces of the application including the letters of support must be received at the same time.
GENERAL INFORMATION

Name of student group (if applicable)________________________________________

Members ________________________________________________________________

________________________________________________________

________________________________________________________

EDUCATIONAL INFORMATION

Please indicate the number of students in each of the school that are members of the student group. For example, if four members of the group are undergraduate Allied Health students, please place a “4” in front of the undergraduate choice in the Allied Health row.

_____ Health Professions        _____ Undergraduate        _____ Graduate

_____ Medicine         _____ Kansas City          _____ Wichita        _____ MD/PhD

_____ Nursing         _____ Undergraduate        _____ Graduate

_____ Other        Please specify ____________________________

The following information may be used when selecting the recipient for this award. You are not limited to the space provided to answer the following questions. However, please ensure that all three questions are answered in the format presented.

1. What is the name of the project completed by your group?

2. What was the purpose of the project?

3. Describe the project and the impact that it had on the Wyandotte County community.