Applications will be evaluated against the following criteria

Must be accepted to one of the following:
- An accredited college or university. Attach documentation of acceptance. If you have been accepted into a specific program, attach your letter of acceptance to the program.
- A vocational/technical Licensed Practical Nursing program. Attach documentation of acceptance.
- Maintained a Grade Point Average of 3.0 (Attach a copy of college transcripts. If not applicable, provide a copy of your high school transcripts).
- Responses to the questions on the application.

How the Program Works
The John Knox Village Auxiliary funds this scholarship program.

The following information must be received on or before Monday, May 5, 2008.
- Completed application.
- Responses to application questions.
- Documentation of acceptance to an accredited college or university.
- If applicable, a letter of acceptance into a specific program.
- Copy of college transcripts (if not applicable, provide a copy of your high school transcripts).

Send the above information to the following address:
Human Resources,
Attn. John Knox Village Auxiliary Scholarships,
400 NW Murray Rd.,
Lee’s Summit, MO 64081.

Applications are screened and the most qualified applicants will be invited to an interview with the John Knox Village Auxiliary Scholarship Committee.

Scholarship money will be paid directly to the school. Any scholarship money not used by June 30, 2009 is forfeited. Scholarship money will be awarded by August 2008.
John Knox Village Auxiliary Scholarship
Health Care Career Scholarship

Name: ___________________________ E-mail Address: ___________________________

Address, City, State, Zip (between May 5 & Aug. 1-include 2 if necessary):
__________________________________________________________________________

Telephone Number
(between May 15 & Aug. 1-include 2 if necessary): __________________________

Anticipated Date
of Graduation: __________________________

College/University
(Attending in Fall 08):
__________________________________________________________________________

Name of Health Care Program
you are studying:
__________________________________________________________________________

☐ I am a John Knox Village Associate
   Job title: ___________________________ Department: ________________

☐ I have a family member who works/lives (circle one) at John Knox Village.
   Name ___________________________ Relationship ________________

☐ Neither

☐ I have received a JKV Auxiliary Scholarship in the past.
   Year(s): ________

Please attach typed responses to the following questions (maximum 2 pages).
What are your short-term and long-term health care career goals and how do you plan to achieve them?
What skills or abilities have you developed through extracurricular, community and/or work activities?
How do you plan to fund your education?
What do you know about the John Knox Village Auxiliary?

If you were awarded a John Knox Village Auxiliary scholarship in 2007, please answer the following question:
Summarize your educational experience in 2007 and how you utilized the Auxiliary Scholarship.

_________________________________________  ____________________________
Signature Date