MEMORANDUM

To: SAH Students

Fm: The School of Allied Health Student Senate

The School of Allied Health Student Senate will award four $250 scholarships this Spring. All students in the School of Allied Health are eligible. The scholarships will be awarded based upon Academic Involvement and Achievement, and Community Service.

The attached two-page application, AND two recommendations (from teachers, employers, administrators, advisors, and/or sponsors), must be completed and returned by March 30, 2007.

SAH Senate Scholarship

    c/o Moffett Ferguson, Student Affairs Coordinator
    School of Allied Health, 4040 SON Bldg.
    Mail Stop 2007
    The University of Kansas Medical Center
    3901 Rainbow Blvd.
    Kansas City, KS  66160

The recipients will be notified at the address indicated on the application in late April. The scholarships will be awarded shortly after this date. If you have any questions, please contact Moffett Ferguson at (913) 588-5275.

cc: Dr. Karen Miller, Dean, School of Allied Health
    Dr. Dorothy Knoll, Dean of Students
    Ms. Moffett Ferguson, Student Affairs Coordinator, SAH
    SAH Department Chairpersons
SCHOOL OF ALLIED HEALTH SENATE SCHOLARSHIP APPLICATION

Please type the responses and limit them to the space provided.

All information contained in this application will remain confidential.

NAME:_______________________________________DEPT.________________
       First             Middle               Last
KU ID NUMBER:___________

PRESENT ADDRESS:____________________________________

                                __________________
                                __________________

PRESENT PHONE:    ____________________________

KUMC EMAIL ADDRESS: ________________________________

CUMULATIVE G.P.A. UNDERGRADUATE:____________________

SCHOOLS ATTENDED:________________________________

                             __________________
                             __________________
                             __________________

CUMULATIVE G.P.A. GRADUATE (if applicable):_________

PROJECTED DATE OF PROGRAM COMPLETION: Month_______Year______

DEGREE BEING SOUGHT:  ___________________________________________

________________________________         ________________ _____________
Signature of Applicant                       Signature of Dept. Chairperson

____________________________
Date of Application

Number (for committee use only) ______
I. ACADEMIC INVOLVEMENT: Please list activities, clubs, research projects, etc. in which you have participated in the space provided. Include for each activity the month and year of your involvement.

II. COMMUNITY SERVICE: Please list your community involvement in the space provided. This can include, but is not limited to, volunteer work, church/mission work, theater or music. Include for each service the month and year of your participation.

III. WRITTEN STATEMENT: Type a paragraph on why you have chosen your field of study and what your long term goals are. Please limit your statement to the space provided.

Number (for committee use only): _____