March 1, 2004

MEMORANDUM

To: SAH Students

Fm: The School of Allied Health Student Senate

The School of Allied Health Student Senate will award two $250 scholarships this Spring: 1 graduate and 1 undergraduate. 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 April 2, 2004.

SAH Senate Scholarship  
c/o Moffett Ferguson, Student Affairs Coordinator  
School of Allied Health, 1004 Murphy Bldg.  
The University of Kansas Medical Center  
3901 Rainbow Blvd.  
Kansas City, KS  66160-7600

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. Lisa Erwin, Director, Financial Aid  
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
SOCIAL SECURITY NUMBER: ___________________________ KU ID
NUMBER: __________
PRESENT ADDRESS: _____________________________________________

_________________________________
_________________________________

PRESENT PHONE: ________________________________________________

CUMULATIVE G.P.A. UNDERGRADUATE: ____________________________

SCHOOLS ATTENDED: ________________________________
                      ______________________________________
                      ______________________________________

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

PROJECTED DATE OF PROGRAM COMPLETION: Month____ Year_____

__________________________________
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): _____