

FERGUS HANSON MEMORIAL SCHOLARSHIP
1221 South Broadway
Lexington, KY 40504



General Information:

1. Scholarship awards are available for students enrolled in healthcare-related training programs. **Students pursuing dentistry or veterinary careers are not eligible** for these scholarships. Full and part-time students may apply. Applicants may be currently enrolled or just beginning their studies.
2. Applicants may apply for as many years as they qualify; however, no individual will be granted more than \$4,000 total.
3. Funds will be granted on an annual basis but paid on a semester basis. All funds will be paid directly to the school or college.
4. Recipient must maintain a grade point average of 3.0 on a 4.0 scale, continue in school, and continue to pursue a health-related career to receive funds for the second semester.
5. Scholarship recipients will be selected by the end of May. A letter will be sent to each applicant regarding the decision of the selection committee.
6. Previous applicants and recipients are encouraged to reapply, provided they continue to meet eligibility requirements.

All applicants must meet the following eligibility requirements:

1. Be a resident of Kentucky and reside within Lexington Clinic's service area, the eastern half of Kentucky.
2. Earn a high school diploma or equivalent.
3. Show evidence of financial need.
4. Show promise of academic achievement.
5. Select a career in a health-related field other than dentistry or veterinary medicine, studying at an accredited program.
6. Plan to work in Central or Eastern Kentucky upon graduation.
7. Provide evidence of good character and willingness to help others.

To apply, submit to the address above, in one envelope, postmarked prior to March 18, 2018 (or hand-delivered no later than 5:00 P.M. on Friday, March 18, 2018) all of the following information:

- A completed application form.
- A written narrative - maximum of two typed, double-spaced pages - explaining:
 - Your qualifications
 - Need for the scholarship
 - Explanation of your reasons for your healthcare career choice
- Three sealed letters of recommendation supporting your character, achievements, and potential - one each from:
 - A school official
 - A health professional
 - A personal reference
- Official high school transcript or GED certificate.
- A copy of SAT or ACT scores, if applicable.
- Current official transcript of college academic record, if applicable.
- Signature on Media Release Statement

II. Education and Training - Attach Official Transcripts

Begin with high school, then college(s), advanced degrees and/or specialized training.

<i>School</i>	<i>Location</i>	<i>Dates Attended</i>	<i>Degree</i>	<i>Major</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

III. Employment

Begin with current position and continue in reverse chronological order. Include active military duty.

<i>Employer</i>	<i>Title/Responsibility</i>	<i>From</i>	<i>To</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IV. Community Involvement

List or describe community activities.

V. Training Program (other than Dentistry or Veterinary Medicine):

1. List school(s) where you have applied and would use this scholarship:

a. _____
Name City/State

b. _____
Name City/State

2. Program/Degree Sought: _____ Length of Program: _____

3. Description of Program: _____

4. Expected Graduation/Completion Date (month and year): _____

5. Will you be attending school ___ Fall 'F€ ___ Spring '1F ___ Both Fall 'F€ and Spring '1F

6. Estimated **Annual** Cost of Program:

School a. Tuition: _____ Books: _____ Other: _____

School b. Tuition: _____ Books: _____ Other: _____

7. Do you expect to receive scholarship or grant funding from any other sources? _____

Source

Amount

8. If you are not selected to receive a Fergus Hanson Scholarship, how do you plan to fund your education?

VI. Certification

I am prepared to document this information if requested, and grant permission to Lexington Clinic to confirm any information in this application. If selected to receive scholarship funds, I grant Lexington Clinic permission to use my name and photograph in publicity related to the Scholarship.

I also agree to provide Lexington Clinic an **annual update** on my educational progress.

Signature(s):

Student: _____

If student is under age 18:

Parent/Guardian: _____

Date Completed: _____

If selected, your name will appear in a media release, generated to local newspapers announcing the winners. Please read the following information and your signature grants permission to publish your information.

I, the undersigned, do hereby release and agree to hold harmless the Lexington Clinic from any liability of any use whatsoever of written copy in a media release promoting the Lexington Clinic Foundation and the Fergus Hanson Scholarship. I hereby waive the right to inspect and approve the finished product or the written copy that may be used in connection with the Fergus Hanson Scholarship.

Applicant Signature _____ Date _____

If under 21, the parent or legal guardian must sign below.

I, parent and legal guardian of _____ do hereby consent and grant permission to all of the foregoing.

Signature _____ Date _____