



Health Education | Research | Philanthropy

**Lexington Clinic Foundation
Fergus Hanson Memorial Scholarship
350 Elaine Drive, Suite 100
Lexington, Kentucky 40504**

Named in honor of Fergus Hanson, Lexington Clinic's second and longest-serving administrator, the Fergus Hanson Memorial Scholarship fund provides scholarships in allied health sciences to Central and Eastern Kentucky students.

General Information:

1. Scholarship awards are available for students enrolled in allied healthcare-related training programs. **Students pursuing dentistry, veterinary or medical doctor 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. 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.
3. 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.
4. 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.
5. Previous applicants and recipients are encouraged to re-apply, 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 and be pursuing an education in allied healthcare.
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 or pre-med/ medical doctor, 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 all of the following to the address above in one envelope, postmarked prior to Friday, March 9, 2012, (or hand-delivered no later than 5:00 p.m. on Friday, March 9, 2012):

- A completed application form
- A written narrative – maximum of one typed, double-spaced page – explaining your qualifications, your need for the scholarship and your reasons for your healthcare career choice
- Two sealed, completed, reference questionnaires, one from a school official and the other from a personal reference **Questionnaires may NOT be from a relative**
- 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

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

If yes,
Source

Amount

VII. 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 Fergus Hanson Memorial Scholarship.

Student Signature: _____ Date: _____

If student is under age 18:

Parent/Guardian Signature: _____ Date: _____

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

I, the undersigned, do hereby release and agree to hold harmless Lexington Clinic and Lexington Clinic Foundation from any liability of any use whatsoever of written copy in a media release promoting the Lexington Clinic Foundation and the Fergus Hanson Memorial 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 Memorial Scholarship.

Applicant Signature _____ Date _____

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

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

Signature _____ Date _____



Lexington Clinic
FOUNDATION
 Since 1959

Health Education | Research | Philanthropy

Fergus Hanson Memorial Scholarship Reference Questionnaire

Scholarship Applicant's Name _____

Your Name _____ Title _____

Place of Work _____ Phone _____

Address _____

How long have you known the applicant? _____ year(s)

What is your relationship to the applicant? _____

Please rate the applicant on the following questions.

0 = Unknown, 1= Very Poor, 2 = Poor, 3 = Average, 4 = Good, 5 = Outstanding

Rate the student's involvement/commitment to healthcare	0	1	2	3	4	5
Rate the student's academic potential	0	1	2	3	4	5
Rate the student's leadership ability	0	1	2	3	4	5
Rate the student's community service	0	1	2	3	4	5
Rate the student's character	0	1	2	3	4	5

Comments:

Signature _____ Date _____

Instructions: Thank you for completing the questionnaire. Please place questionnaire in a sealed envelope and return it to the student.