

Policies and Procedures  
For Administration of  
KMGMA Annual Scholarship

The Kansas Medical Group Management Association (KMGMA) has established an annual scholarship to assist students attending university level programs to obtain a degree in Health Care Administration. This scholarship shall be in the amount of \$1000 per year and applied as described below.

REGULATIONS AND PROCEDURES

1. Scholarship(s) will be awarded to a student enrolled full or part-time at an accredited Kansas university in the field of Health Care Administration in either undergraduate or graduate programs.
2. Selection of recipients will be made without regard to race, color, gender, religion or national origin.
3. Consideration will be given to students with a GPA of at least 3.0, junior or senior standing, and a Kansas high school graduate.
4. Award will be made with regard to financial need and will be made during the fall semester.
5. The scholarship will not be renewed automatically. The student must reapply and compete for the scholarship annually.
6. The Scholarship Committee of KMGMA will administer the scholarship(s) and make the award.
7. If student drops out of the program, the student will be required to return the award.

KMGMA – Scholarship Application Form

Please submit the following if you are applying for the KMGMA Health Care Administration scholarship.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Alternate Phones: \_\_\_\_\_

I am currently enrolled in an undergraduate program at: \_\_\_\_\_

My major is: \_\_\_\_\_

Please attach:

1. A letter stating your career goals and reason you are applying for the scholarship and a concise explanation of the proposed funds use.
2. A reference letter commenting on the individual's performance, character and potential to succeed.
3. Documentation indicating acceptance or current enrollment in the university.
4. Academic transcript indicating undergraduate work completed to date and high school transcript.
5. Academic transcript from undergraduate degree program if applying for graduate program.

Mail this application and the attachments to:

KMGMA Scholarship  
c/o Claire Daniels  
5051 East Lincoln, #4C  
Wichita, Kansas 67218

**DEADLINE: MARCH 31<sup>st</sup> OF YEAR PRIOR TO FALL SEMESTER**