

## 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**