



Public Health
Prevent. Promote. Protect.

Daviess County Health Department
609A South Main Street
Gallatin MO 64640
660-663-2414

Scholarship Application

Application Due Date: March 8, 2024

1. Deadline for scholarship applications is **March 8, 2024 (NO EXCEPTIONS)**.
2. Refer to application process below for a list of the supporting documents needed (i.e., reference forms, evidence of GPA, etc.). Incomplete applications will not be considered.
3. If any question does not apply to you in this application please put N/A in the space.
4. Type or print legibly, illegible applications will be returned to you.
5. You will be notified by phone or email in regards to the status of your application by May 1st.
6. If you have any questions about the application, contact Administrator, RaCail King at the phone number above. The Daviess County Health Department scholarship was established in 2017. The mission of this scholarship is to provide financial assistance to individuals enrolled for undergraduate study in community colleges, trade schools and universities and are entering a health related career field of study.

FINANCIAL ASSISTANCE is based on academic performance, leadership potential, and participation in community volunteer hours.

SCHOLARSHIP AWARDS

The Daviess County Health Department awards scholarships on the basis of a comprehensive process. Areas that are reviewed by the Board of Trustees include, but are not limited to the following: *Academic Accomplishments, Community Service, References, and Personal Essay*. Scholarship funds of \$1,000.00 are paid directly to the school.

CRITERIA

- Applicants must have permanent residence in Daviess County, Missouri, *and must be a permanent resident of the United States*.
- Applicants must be completing or have completed high school successfully with a minimum unweighted GPA of 3.0 on a 4.0 scale.
- Applicants must be accepted as a full time student at a *college, university, or trade school* program for the upcoming academic semester.
- Applicant must be studying a health related field.
- Applicants must complete and submit a Scholarship Application by **Friday March 8, 2024**.

TIMELINE

- Applications are due by end of business day **March 8, 2024**.
- Applicants are notified if awarded a scholarship by May 1, 2024.

Application Process

SCHOLARSHIP APPLICANTS MUST PROVIDE:

- Completed application form.
- Official high school transcript in a sealed envelope from the institution.
- Two letters of recommendation.
- A maximum 250 word essay.
- A letter of acceptance from a college, university and/or a vocational, technical school OR current enrollment documents.

SCHOLARSHIP AWARDS

- Award notification will be given by May 1, 2024. Please watch your email for notification.
- If chosen, a check will be mailed directly to the college in the fall prior to start date.

Deadline for the application is Friday, **March 8, 2024**. Applications submitted after this date will not be considered.

Please mail OR submit application to:

**Daviess County Board of Trustees
ATTN: RaCail King, RN-Administrator
609A South Main Street
Gallatin, MO 64640**

Application 2024- Must be filled out by applicant.

Please **type or print** your answers below. A separate sheet may be used if needed. If application is illegible, it will be returned to you.

1	Last Name: _____	First Name: _____
2	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____	
3	Daytime Telephone Number: ()- _____ Email address: _____	
4	Current High School: _____ Graduation Date: _____	
5	I will be attending the following school in the <u>Fall of 2024</u> : _____ Address: _____ Phone: _____	
6	Will you be a full time student? _____ (Minimum 12 hrs.)	
7	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA; your most recent official high school transcript is required.	
8	ACT Score: _____ Or SAT Score: _____ A copy of your ACT or SAT score sheet on official high school transcript is required.	
9	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name:(s) _____ Street: _____ City: _____ State: _____ ZIP: _____ Home phone of parents or legal guardians: _____	

10	What specialty/major do you plan to study as you continue your education? _____	
11	List other financial assistance you will receive per semester or quarter:	
	1.	Personal: (currently working and/or work study program) Amount: \$
	2.	Other Scholarship(s): Amount: \$
	3.	Grants: Amount: \$
	4.	Student Loan(s): Amount: \$
	5.	Other Financial Resources (include parent contribution): Amount: \$

Please list the following information on a separate sheet if needed.

12	SCHOOL EXTRA-CURRICULAR ACTIVITIES: Please list high school extra-curricular activities in which you have participated.
13	References/Recommendations: Please submit two letters of recommendations, NOT from family. May include employers, family, friends and/or community leaders.
14	ORGANIZATIONS: Please list community organizations such as service, volunteer and/or religious organizations in which you are now active in or have previously been active in. Note leadership roles and dates.
15	RECOGNITIONS: Please list important awards and recognitions received. Note organizations presenting honor and date.
16	GOALS: What are your short and long term goals?
17	NEED: Please explain your need of the Health Department Scholarship; explain how this will help you.

	<p>A. The following criteria must be met in order for the application to qualify to be reviewed by the Board of Trustees.</p> <p>B. Your application will be returned if any of these items are not attached to this application. No exceptions.</p> <p>C. Circle "YES" or "NO" to be sure you have completed and attached each item as required.</p>		
18	YES	NO	Application complete.
	YES	NO	Two reference forms. (Your references should be in separate <u>sealed</u> envelopes)
	YES	NO	Proof of college acceptance or current student enrollment. A letter of college enrollment or program enrollment is required for receipt of funds.
	YES	NO	Most recent <u>official</u> high school or <u>official</u> college transcript. Photocopies are <u>not acceptable</u> .
	YES	NO	250 Maximum Word Essay

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to the Daviess county Health Department Board of Trustees is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Daviess County Health Department Scholarship Program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: _____ Date: _____

**The deadline for this application must be
Submitted by March 8, 2024 NO EXCEPTIONS!**