



Dear Junior Volunteer:

Applications for the Kim Quilleon Varnell Memorial Scholarship are now being accepted. The Schneck Medical Center Guild awards up to three \$1,000 scholarships annually to past Junior Volunteers who are graduating high school seniors. Please carefully review this *informational letter* and the *Scholarship Requirements/Guidelines* to assist you in completing your **Application Packet**.

To be eligible for consideration, at time of submission, your **Application Packet** must be complete and include the following items. (*No binders, folders, stapled, two-sided, late, or incomplete application packets will be accepted.*)

- Completed two-page Application (*Do not print two-sided*)
- Official Transcript of most recent grades
- Proof of Acceptance to school you plan to attend
- Two signed Letters of Recommendation from someone other than a family member
- Typed, **one-page** Autobiographical Letter summarizing your objectives for further education, need for assistance, and how your experience as a Junior Volunteer impacted your decision to pursue a career in healthcare.

Please follow directions accurately to avoid disqualification.

Application Packet must be received in its entirety by March 31. Late or incomplete **Application Packets** will not be accepted. Submit packets to:

Amy Cockerham
Schneck Medical Center Guild
411 West Tipton Street
Seymour, IN 47274

The applicant has an obligation to notify the Schneck Guild of any changes in employment, additional grants, scholarships, or loans that will be available to defer expenses of the upcoming school year which occur after the **Application Packet** has been submitted.

Information in your **Application Packet** may be shared with the Schneck Medical Center Human Resources Department.

After the Scholarship Committee has completed their review, you will be notified accordingly by letter.

If you have any questions, please feel free to contact Amy Cockerham at (812)522-0439 acockerham@schneckmed.org.

**SCHNECK MEDICAL CENTER GUILD
KIM QUILLEON VARNELL MEMORIAL SCHOLARSHIP
REQUIREMENTS/GUIDELINES**

GUIDELINES:

1. Candidate must be a past Junior Volunteer of Schneck Medical Center and completed the minimum 28 hours requirement for the summer.
2. Candidate must be a graduating High School Senior of the current application year.
3. Candidate must be accepted and enrolled at a school or program of study preparing them for a career in the healthcare field.
4. To be considered for an award, candidate must submit completed application no later than March 31 of the current application year.
5. Candidate must submit proof of acceptance to school they plan to attend and provide their most recent transcript of grades.
6. The Guild Scholarship Committee includes up to four members of the Schneck Medical Center Guild Board, the Volunteer Manager, the Director of Volunteer Services, and family of Kim Quilleon Varnell.

To avoid disqualification . . . Please follow directions listed in informational letter.

EXTRACURRICULAR ACTIVITIES

Please list organizations, clubs, and athletics you have been involved with, including years of involvement and leadership positions held:

Honors and awards you have received:

Community Activities:

EMPLOYMENT HISTORY (PAST AND PRESENT)

Job Title/Description	Hours Worked/Wk	Period of Employment
_____	_____	_____ to _____
_____	_____	_____ to _____
_____	_____	_____ to _____

- I have been a Schneck Junior Volunteer. Year(s): _____
- I am a graduating high school senior.

FINANCIAL RESOURCES

Estimated annual cost of attending school: \$ _____

Estimated parent contribution: \$ _____

Estimated student contribution: \$ _____

List of current scholarships, grants, and funds:

_____ \$ _____

_____ \$ _____

_____ \$ _____

Existing educational loan balances: \$ _____

Other financial considerations: _____

I certify that the information on this application is true and accurate to the best of my knowledge. I understand that information contained in this application and its supporting documents becomes property of Schneck Medical Center.

(Applicant's Signature)

(Date)