



HOSA Scholarship 2025

William Newton Healthcare Foundation's HOSA Scholarship is designed to assist William Newton Hospital with recruitment and retention efforts for the purpose of ensuring compassionate and quality care is afforded to patients and families we serve. The Foundation offers these scholarships to eligible Winfield High School seniors who aspire to a career in healthcare.

Goals

- To recognize the achievements of deserving WHS seniors in the HOSA program
- To provide access to educational programs that will provide specific skill sets.
- To provide financial assistance to students pursuing healthcare careers
- To improve recruitment and retention of healthcare professionals to better serve our patients and their families.

Scholarship Overview

William Newton Healthcare Foundation provides scholarship opportunities to high school seniors with the desire to obtain a degree and/or certification that will allow them to work in healthcare. The scholarship provides up to \$750 for each recipient that meets eligibility requirements. Awardees are chosen based on eligibility requirements through the scholarship application process. Scholarships are administered by William Newton Healthcare Foundation.

Eligibility

- Applicants must have been accepted into an accredited or other approved allied healthcare program and be pursuing a degree or certification in a specific skill set.
- Applicants must be in good academic standing with a Grade Point Average of 3.0 or higher, and any senior who has attended conference.
- Applicant may be requested to participate in a personal interview with the Scholarship Selection Committee
- Applicant will be invited to an informal recognition luncheon, hosted by the HOSA Scholarship Selection Committee

General Information and Application Process

Availability of scholarship(s) is determined by William Newton Healthcare Foundation and is based on the availability of Foundation funds. Applications are available through William Newton Healthcare Foundation. Direct all questions regarding the application process to the Foundation at 620-222-6275 or access the website at www.WNHFoundation.org. Completed applications must be submitted by mailing to William Newton Healthcare Foundation, 1300 East Fifth Avenue, Winfield, Kansas, 67156 or deliver in person to the same address. Application deadline is April 4, 2025.

Applicants must submit the following:

- Completed application form by the designated deadline.
- Resume
- An essay from 300-500 words stating motivation, potential, and reasons for choosing the area of healthcare you are interested in as your field of study.
- Completed Authorization and General Release form.

Condition of Scholarship

- Student must be a senior at Winfield High School
- Student must be a member of HOSA in good standing
- Upon receipt of the scholarship at the awards ceremony, students must contact the foundation office with their student ID, if not already previously provided on the application form.
- Scholarship checks will be payable to the college/university and will be sent to the financial aid office. The college/university will be instructed to apply these funds to tuition, fees, and books, and then the balance, if any, to be distributed for room and board, then if any, to the recipient.

Selection Process

Scholarship Grants are available to Winfield High School seniors in the HOSA program, to enable the recipient to complete an undergraduate or graduate education in the healthcare field. Scholarship Grants are awarded based on the following criteria:

- ❖ Motivation and potential for a career in healthcare
- ❖ Academic performance



HOSA Scholarship Application

Part I. General Information

_____ Date _____
Full name

_____ City _____ State _____ Zip _____
Street address

_____ E-mail address _____
Student ID number

_____ Work _____ Cell _____
Telephone: Home

_____ GPA at Winfield High School

What is the name of the education facility you have been accepted to attend?

_____ Name of program

Type of degree: ♦ Associate ♦ Baccalaureate ♦ Masters ♦ Other _____

Date program begins _____ Will you be a full-time or part-time student? _____

How many credits are you taking? _____ Anticipated date of graduation? _____

Have you been notified of any assistance or other scholarships that you will receive for your education program? Yes No

If yes, describe source, amount and duration _____

Part II. Volunteer History

List volunteer history. Enter the most recent volunteer activities first.

Business	City/State	Dates Attended	Contact Information

Part III. Employment History (including part time, if any)

List your employment history starting with your present or most recent employer.

Employer	Dates	Position	Reason for leaving

Do you have any friends or relatives employed by William Newton Hospital? Yes No

If yes, who? _____

Have you ever worked or volunteered in another hospital or healthcare facility? Yes No

If yes, give a brief description _____

Please include with this Application:

- A copy of your resume.
- An essay, 300-500 words, stating reasons for choosing the area of healthcare you are interested in as your field of study.
- Complete Authorization and General Release form.

Omission of any of the above information may eliminate your application from consideration. All requested materials must be submitted with the application.

Please read before signing:

I hereby authorize the William Newton Healthcare Foundation or their designee to make inquiries regarding any information provided by me on this application.

Applicant's signature _____

Date _____

The HOSA Scholarship Selection Committee will review applications.

Please mail application or deliver to:

***William Newton Healthcare Foundation
Healthcare Work Commitment Scholarship
1300 East Fifth Avenue
Winfield, Kansas 67156***

Application Deadline: April 4, 2025



HOSA Scholarship

Applicant Authorization and General Release

I (print name) _____, hereby authorize William Newton Healthcare Foundation to request and receive any and all reference information about or concerning me, including but not limited to volunteer and employment history, and education background.

I further release and discharge William Newton Healthcare Foundation and all of their subsidiaries, affiliates, officers, and employees from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization and understand that it may contain information about my character, general reputation, personal characteristics and mode of living, whichever are applicable.

I acknowledge that I have voluntarily provided information on the required application for the purpose of making a scholarship application, and I have carefully read and I understand this authorization.

Applicant Signature

Date

Applicant Name (Please print)

Student ID Number

Advisor Name (Please print)

Advisor Signature

Date