2019 Elizabeth Spelman Health Career Scholarship

The Elizabeth Spelman Health Career Scholarship program was established in 1968 by the late Dr. Arch E. Spelman in memory of his mother and is today underwritten by the auxiliary and medical staff of Saint Luke’s North Hospital. Dr. Spelman was instrumental in the development of the hospital in Smithville, formerly known as Spelman Memorial Hospital, now known as Saint Luke’s North Hospital—Smithville Campus. Twelve scholarships are awarded in the amount of $2,000 each to be applied toward tuition, fees and/or books.

- Applications must be received no later than 3:00PM, Friday, February 1, 2019
  (No late applications accepted)

- Because of our Hospital’s long history of service to the Northland, applicants for these scholarships must have a current and valid address in one of the following Missouri Counties -- Clay, Platte or Clinton.

- To be eligible for consideration, applicants must be a high school senior, entering a college or university in the fall of 2019 with a declared major in a health-related curriculum.

To the Applicant:

Instructions:
Complete the application form and mail or deliver it in time to meet the deadline stated above. Be sure that you have attached the items required in the application form:

1. A transcript of your grades *(A copy is acceptable)*
2. A copy of your ACT score
3. One essay

Essay must be typed, double-spaced, on 8½” x 11” white paper. When judging, consideration will be given to overall content, grammatical accuracy, logic, clarity, and neatness.

Please mail or deliver the application, required essay, grade transcript, and ACT score to the following address:

Elizabeth Spelman Health Career Scholarship
Saint Luke’s North Hospital
Renita Mountz, Administration
5830 NW Barry Road
Kansas City, MO 64154

To the High School Counselor:
If a student from your school is selected to receive a scholarship, it will be presented at an awards reception at Saint Luke’s North Hospital. If you have questions, please call Renita at (816) 880-6090 or rmountz@saintlukeskc.org.
(Please print legibly)
Applicant’s name

Home address

City  State  Zip

Home phone  Cell phone

Date of Birth  E-mail address

Father’s name  Mother’s name

Home phone  Home phone

Cell phone  Cell phone

Name of high school

School address

City  State  Zip

School phone

Principal’s name  E-mail address

Counselor’s name  E-mail address

High School Graduation

(Date)

Signature of applicant  Date

Signature of principal, counselor or financial aid advisor  Date
1. List the college, university, or other educational institution you plan to attend. Indicate the name of the school and the mailing address of its financial aid office.

**1st choice:** ________________________________________________________________
Mailing address______________________________________________________________
City ___________________________ State _____________ Zip_____________________
Financial aid office phone______________ School Website _______________________

**2nd choice:** ________________________________________________________________
Mailing address______________________________________________________________
City ___________________________ State _____________ Zip_____________________
Financial aid office phone______________ School Website _______________________

2. Your intended academic major or field of study __________________________________

3. Organizations and clubs: (If you held an office, please indicate.)

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. Honors and awards:

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
5. Community or volunteer activities:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

6. Are you currently employed? _____ Yes _____ No

If yes, what type of work are you doing? ______________________________________
________________________________________________________________________
________________________________________________________________________

7. Attach to this application an essay stating why you wish to be a recipient of the Elizabeth Spelman Health Career Scholarship and why you are choosing a career in a health field. Essay should be at least 300 words (and not exceeding 500 words), typed and double-spaced. Please indicate the course of study or major field of interest you plan to follow, your proposed occupation or profession, and any other pertinent information not previously included on this form. (Refer to the instructions on the cover page of this application form for information about preparing your essay.)

8. Attach to this application a transcript of your grades and a copy of your ACT score. (A resume is not necessary.)

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The Elizabeth Spelman Health Career Scholarship was established to assist individuals with career education in the health care field. It is funded by the Auxiliary and Medical Staff of Saint Luke’s North Hospital.