Barton Community College Adult Healthcare Scholarship Details

$300 scholarship which can be used towards tuition and fees for students who enroll in a Certified Nurse Aide (CNA) or Certified Medication Aide (CMA) course who work or live in Barton, Pawnee, Rush or Stafford counties. Applicants must be a high school graduate with a GPA of 2.5 or greater or have obtained their GED with a test score of 450 or greater. They must have also successfully completed the reading requirement for the program and have a healthcare related program of study. This is a one time, non-renewable scholarship. Credit will be applied to the class and will not be paid out in cash.

Scholarship Guidelines

1. Official transcripts sent to Enrollment Services. Please refer here for more information on how to complete this step.
2. Complete this application. Attach a 1 page, hand-written personal statement to include, but not limited to:
   a. Short term goals
   b. Long term goals
   c. What is your passion?
   d. Community service

   Submission to the Adult Healthcare Coordinator is due no later than 2 weeks before the start of class. Recipients will be notified of scholarship awards 1 week prior to class starting.
3. The Adult Healthcare Coordinator will evaluate the student’s application using the weighted criteria that includes:
   a. Academic potential 40%
   b. Financial need 25%
   c. Commitment to the health profession of Kansas and to the service of others 35%

*** Scholarship may not be awarded if depth of application criteria is not met. Individual circumstances may be considered. When needed, these funds may be used for recruitment purposes. The full cost of the CNA or CMA course (excluding textbooks and CastleBranch account fees) will be paid and used as an incentive in a drawing. Scholarship is non-transferable to other person(s) besides the individual it is awarded to. The winner may not match all criteria as stated above. ***

Responsibilities of Recipients

A thank-you card or note is required and must be written and submitted before funds will be applied to the class.

If a student withdraws from the class, repayment of the scholarship may be required of the student.
BARTON COMMUNITY COLLEGE ADULT HEALTHCARE SCHOLARSHIP APPLICATION

<table>
<thead>
<tr>
<th>Semester and year:</th>
<th>Course:</th>
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<tbody>
<tr>
<td>☐ Fall (Aug-Dec) 20_____</td>
<td>☐ Certified Nurse Aide (CNA)</td>
</tr>
<tr>
<td>☐ Spring (Jan-May) 20_____</td>
<td>☐ Certified Medication Aide (CMA)</td>
</tr>
<tr>
<td>☐ Summer (June-July) 20_____</td>
<td>Course Reference Number (CRN): __________</td>
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Social Security Number or Barton ID: _______________________________________________

Legal Name: ___________________________________________________________________

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<th>Last</th>
<th>First</th>
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<th>Previous/Maiden Name</th>
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Address: ____________________________ City: __________________ State: _____ Zip: _____

Phone Number: __________________________ Email: ____________________________

Kansas Resident? ☐ Yes ☐ No County of Residence: ____________________________

High School attended: ____________________________ ☐ Diploma ☐ GED Year Received: _____

Number of college hours completed: _____ College GPA: ________ High School GPA: _______

How many total credit hours will you be taking this semester? ___________________________

Are you receiving any Federal financial aid? ☐ Yes ☐ No

Number of members in household: _________ Number of household dependents: _________

Gross annual household income: ________________ Marital Status: ☐ Single ☐ Married

Program of study: __________________________________________________________________

Are you receiving any other scholarships or funding at the time of this application? (To include, but not limited to athletic scholarships, music scholarships, WIAO, A-OK grant, 3rd party payee, employee tuition assistance.) Please list: __________________________________________

Non-discrimination Notice: Barton Community College is an equal opportunity provider and employer. Visit equal.bartonccc.edu for more information.