

W. Neal Kocurek Scholarship
St. David's Community Health Foundation
2008-2009

Dear Scholarship Applicant:

The St. David's Community Health Foundation has established this scholarship program to honor our late CEO, W. Neal Kocurek. Neal's leadership and collaboration skills had a profound effect in shaping the direction of the Central Texas region on many dimensions: health care, public education, higher education, social equity, transportation, and regional stewardship. A national mentor, Neal was an advisor to generations of school superintendents and educators who served Austin children. His vision strengthened health services and access for future generations of Central Texans. A native Austinite, Neal never stopped learning and contributing to the community he loved. Our scholarship program seeks students that embody Neal's leadership and commitment to community.

Following is the application form needed to apply for W. Neal Kocurek scholarships for the **2008-2009** school year. The awarded scholarships will be used for tuition (up to \$4,000 per year) only. In order to be eligible, the following requirements must be met:

1. You must be a 2008 graduating senior within the ISD's of Travis, Hays or Williamson counties.
2. You have been accepted at an *accredited higher education college or university* to pursue a degree in a healthcare related discipline.
3. You must attend an accredited Texas-based college or university as a *full-time* student (12+ units/semester).
4. If asked, you must be able to attend an in-person interview the week of **March 31st**.
5. You must be a United States Citizen or a legal non-citizen resident.
6. You must pass a background check. There can be no conviction for violating any federal or state laws for alcohol or drugs.

Consideration will be given in the review process to students who demonstrate financial need to pursue their higher education.

Application Requirements

In order for your application to be processed by the Scholarship Committee, it must contain the following:

1. A completed application form.
2. A completed essay described in section 7 of the application.
3. **Three** original letters of recommendation. Two recommendations should come from current teachers, counselors or school administrators on official letterhead *or* on school letterhead with the signature and title. One recommendation should come from a non-family community member (such as employer, minister, coach, etc.). **All reference letters must be received sealed, with the signature of the person providing the reference across the sealed flap of the envelope.**

4. Official scholastic transcript(s) (high school or college), including the fall semester or quarter of 2007 and current enrollment verification.
5. A copy of the first page of the 2007 Federal Income Tax Return for any person(s) (including yourself) contributing to your education.
6. Copy of Proof of United States Citizenship (birth certificate, if born in the U.S., passport or U.S. citizenship papers, if applicable) or legal non-citizen resident status. Originals will be required at interview, if scheduled.
7. A recent photograph.

Scholarships will be awarded only to applicants pursuing a healthcare profession including, but not limited to:

- Clinical Laboratory Technology
- Pre-med
- Nursing
- Occupational Therapy
- Pharmacy
- Pharmacy Technology
- Physical Therapy
- Physical Therapy Assistant
- Radiation Oncology Technology
- Radiologic Technology
- Respiratory Therapy

Application Procedure

It is ***your*** responsibility to see that the following items are received in the Foundation office: your completed application, essay and photograph by January 21, 2008, 4:00 PM, and the transcripts, tax form(s), letter(s) of recommendation and copy of proof of U.S. citizenship or legal residency by February 15, 2008, 4:00 PM. **Applicants not meeting these deadlines will not be considered. There are no exceptions.**

**Address: W. Neal Kocurek Scholarship Committee
St. David's Community Health Foundation
811 Barton Springs Road, Suite 600
Austin, Texas 78704**

Telephone: 512-879-6600

Email: wnkscholarships@sdchf.org

Interviews

Our committee will hold personal interviews with finalists the week of March 31, 2008.

Awards

If you are awarded a scholarship, you will be notified by April 25, 2008. **Scholarship funds for tuition are sent to the Financial Aid Office of your school. You must request that the Registrar or Financial Aid Office send us verification of enrollment as a full-time student in a health professional program for the fall semester or quarter. At that point, scholarship funds will be sent to the Financial Aid Office of your school.** A scholarship recipient may be awarded a scholarship for up to four (4) years, if qualified.

Dates to Remember in 2008

January 21 Your application, essay and photo are due in the Foundation office by 4:00 PM.

February 15 Transcript(s), one copy each of the first page of the 2007 Federal Income Tax Return for any person(s) contributing to your education, three letters of recommendation, and a copy of proof of U.S. citizenship or legal residency are due in the Foundation office 4:00 PM. **Your application will not be considered unless all documents** are in the Foundation office no later than February 15, 4:00 PM.

Week of

March 31 Interviews will be held during this time. Advanced notification of the interview schedule will be sent to the applicant.

April 25 Notification of awards.

If you have any questions, please telephone the Foundation office and leave a message for the Scholarship Coordinator, Tina Prentice. Your call will be returned as soon as possible. ***Please keep this page for future reference.***

Sincerely,

W. Neal Kocurek Scholarship Committee
St. David's Community Health Foundation

**St. David's Community Health Foundation
W. Neal Kocurek Scholarship Application
2008-2009**

All applicants, including re-applicants must complete application.
Please print or type.

Name **Mrs. Mr. Ms** – Please Circle _____

Mailing Address _____ Telephone () _____

City / State _____ Zip _____

Permanent Address _____ Telephone () _____

City / State _____ Zip _____

Email _____

Age ____ Copy of Proof of U.S. Citizenship: ____ Birth Certificate ____ Passport ____ U.S. citizenship papers or ____ Legal Residency

Social Security Number _____

____ Single ____ Married ____ Divorced ____ Widowed

1. Applicant's Area of Study

- | | |
|---|--|
| <input type="checkbox"/> Clinical Laboratory Technology
<input type="checkbox"/> Pre-med
<input type="checkbox"/> Nursing
<input type="checkbox"/> Occupational Therapy
<input type="checkbox"/> Pharmacy
<input type="checkbox"/> Pharmacy Technology | <input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Physical Therapy Assistant
<input type="checkbox"/> Radiation Oncology Technology
<input type="checkbox"/> Radiologic Technology
<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> Other _____ |
|---|--|

2. Education

List high schools and colleges, *beginning with the current or most recent.*

School	City	Dates Attended	Degree / Diploma	GPA / Class Rank

When do you expect to graduate from high school? _____

At which college or university have you been accepted for the fall of 2008? _____

3. Work Experience

Employer	Type of Work	Dates

4. Awards, Honors, Scholarships

5. Activities and Interests

6. Community Involvement

7. Essay

Write an original essay in your own words, not to exceed one type written page, that will help the committee understand you and your motivation. Your essay should answer the following two questions for the committee:

1. What is your intended career path in healthcare and why are you motivated to pursue it?
2. What are your personal traits and leadership characteristics that will allow you to complete your education and pursue a healthcare career?

8. Financial Information

Information in this section must be filled out completely or your application will be rejected. **All information will be held in strictest confidence.**

All means of financing education. Please check off and explain.

_____ Personal _____

_____ Grants _____

_____ Loans _____

_____ Scholarships _____

_____ Parental _____

_____ Spouse _____

_____ Other _____

If you are personally financing your education, what is your approximate annual income? _____
Please complete the following section, if applicable.

Father / Guardian / Spouse's Name _____

Address _____

City / State _____ Zip _____

Telephone _____ Occupation _____

Employer _____ How long? _____

Annual Income _____ SSN # _____

Mother / Guardian _____

Address _____

City / State _____ Zip _____

Telephone _____ Occupation _____

Employer _____ How long? _____

Annual Income _____ SSN # _____

How many people are dependent on this income or combined incomes? _____

List the names, ages and schools of the other children in your family who are financially dependent on you or your parents.

Name	Age	School

9. Letters of Recommendation

Three letters of recommendation are required, two from current teachers, counselors, or school administrators and one from a non-family community member. Please ask those who provide references to limit his/her letter to one page. Letters should be written on official *or* school letterhead and should include the signature and title of the writer. The letter needs to be in a sealed envelope and signed by the person making the reference across the envelopes sealed flap. Letters should be addressed to:

**W. Neal Kocurek Scholarship Committee
 St. David’s Community Health Foundation
 811 Barton Springs Road, Suite 600
 Austin, Texas 78704**

Please provide all the mandatory reference information below:

1. Name _____ Occupation Title _____
 Address _____
 City / State / Zip _____ Telephone _____

2. Name _____ Occupation Title _____
 Address _____
 City / State / Zip _____ Telephone _____

3. Name _____ Occupation Title _____
 Address _____
 City / State / Zip _____ Telephone _____