

*H.L. Snyder Medical  
Foundation*

*Healthcare Scholarship  
Application*

*2020 – 2021*

## *H.L. Snyder Medical Foundation Healthcare Scholarship 2020-2021*

The H.L. Snyder Medical Foundation (HLSMF) has established a scholarship fund to assist Winfield students who are going into the healthcare and bioscience field. Students must be a resident of Winfield for the last 3 years or a graduate of WHS-USD 465 and enrolled full time, (12 hours or more) per semester, in an accredited university or college program in the healthcare field. These do not include veterinary medicine, acupuncture, chiropractic, Chinese herbal medicine, homeopathy or similar related fields.

Scholarships will be available to students (freshmen, sophomores, juniors, seniors, and graduate students) with a 3.0 GPA or higher and are entering the healthcare or bioscience field.

The scholarship will be made payable at the beginning of the fall semester to the accredited college or university where the student has been accepted as a full time student in a healthcare or bioscience program. The HLSMF Board has the option to request an official transcript at any time.

Student selected to receive scholarships must thereafter be “full time” students each semester and must attain a “B” or better grade point average (3.0 on a 4.0 scale) each semester to be eligible for continued funds.

Applications may be acquired on our web site [www.snydermf.org](http://www.snydermf.org) or at the HLSMF. Please return applications to H.L. Snyder Medical Foundation, Scholarship Program, 1407 Wheat Road, Winfield, Kansas 67156-4705. An application must be filled out annually.

### Application Guidelines:

The H.L. Snyder Medical Foundation (HLSMF) establishes the following criteria to be used as a guideline in granting healthcare or bioscience field of study scholarships. Please follow these guidelines carefully. Include each step in the application as follows:

1. Completed HLSMF application by mail or in person to the H.L. Snyder Medical Foundation’s office.
2. An acceptance Statement from the candidate’s accredited college or university of acceptance and enrollment (full time, 12 hours or more, per semester) in a healthcare or bioscience field program.
3. Copies of all school transcripts, ACT, SAT and MCAT scores.
4. All materials must be submitted to the H.L. Snyder Medical Foundation **by the deadline date.**

### Additional Rules and information for all scholarship applicants:

1. Scholarship amounts may vary from year to year due to changing income of the scholarship fund, the number of scholarships awarded and other factors.
2. The scholarship checks will be payable to the college/university and will be sent to the financial aid office at the college/university the recipient will be attending. That college/university will be instructed to apply these funds to tuition, fees and books and then the balance, if any, to be distributed for dorm room then to you if any.
3. If a student drops from full-time to less than full-time status during any semester (or comparable academic term if the academic program is not on a semester basis) then the student is obligated to refund within 15 days from the drop in status, the amount of funds advanced to the student.

4. Other than through the application itself, any attempt by an applicant or by another on behalf of the applicant to influence any member of the scholarship award committee as to the awarding of the scholarships will subject the applicant to disqualification.
5. Neither family members of the Trustees of HLSMF nor family members of the scholarship committee will be eligible for these scholarships.
6. Scholarships will be awarded without regard to race, creed, color, religion, national origin, gender or handicap.
7. Scholarship recipients and the amounts of their awards will be included in an article concerning that year's HLSMF scholarship awards to be published in one or more local newspapers.
8. All applications must be turned in on or before **the deadline date at 4:00 p.m.** to H.L. Snyder Medical Foundation, Scholarship Program, 1407 Wheat Road, Winfield, Kansas 67156. Any applications mailed must bear a **postmark no later than the deadline date.**

All information obtained from this application will be kept private and will not be given to any other person or organization not affiliated with the scholarship program.

Announcements of scholarship awards will be made by **August 1, 2020.**

Applicant's eligibility requirements include the following:

The IRS (Section 4958(e)(1)) states that the "intermediate sanctions" rule is applicable and prohibit a "disqualified person" from receiving an "excess benefit" (eg, scholarships and grants are considered an "excess benefit"). A "disqualified person" is a grandchild, son, daughter, niece, nephew or first cousin of existing trustees. However, a relative of a trustee may receive "excess benefits" beginning 5 years after the date upon which a trustee retired.

Applicants are considered INELIGIBLE if you are related, as indicated in the aforementioned paragraph, to any of the following HLSMF Foundation Board of Trustees:

David Andreas, Atty.	Dan Freeman, O.D.	Hal McCoy
Caroline Blakeslee	Lucy Freeman, Atty.	C. David McDermott, Atty.
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Griffin Forrester	Ellen (Lin) Lewis	Bill Wakefield
Susan Snyder Forrester	Kay Light, Atty.	John Winblad, M.D.
Walker Forrester		

# 2020-2021 HL Snyder Medical Foundation Scholarship

Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_

Current Address: \_\_\_\_\_  
 \_\_\_\_\_

School Email Address: \_\_\_\_\_

Declared Major Field of Study: \_\_\_\_\_

College or University: \_\_\_\_\_

High School: \_\_\_\_\_

Date of HS Attendance: \_\_\_\_\_

HS Graduation Date: \_\_\_\_\_

Signature of Applicate: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Marital Status: \_\_\_ S \_\_\_ M \_\_\_ Divorced \_\_\_

Dependents: \_\_\_\_\_

Please indicate appropriate class for 2020-2021:

\_\_\_ Freshman

\_\_\_ Sophomore

\_\_\_ Junior

\_\_\_ Senior

\_\_\_ Graduate School (MD, Nursing, OT, PT, Pharmacy, etc)

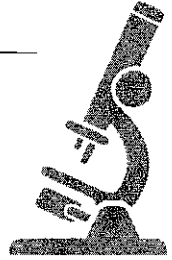
Estimated Date of MCAT: \_\_\_\_\_  
 (Pre-Med Students only)

Degree Sought (BA, BS, MS, MD) \_\_\_\_\_

Estimated Date of College/Univ. Graduation: \_\_\_\_\_

Anticipated career: \_\_\_\_\_

Parent(s) email address: \_\_\_\_\_



1. Overall GPA: \_\_\_\_\_
2. Science GPA: \_\_\_\_\_
3. Estimated cost for 2020-2021:
  - a. Books & Supplies: \_\_\_\_\_
  - b. Room/Board: \_\_\_\_\_
  - c. Tuition: \_\_\_\_\_
  - d. Fees: \_\_\_\_\_

**Additional 2020-2021 Scholarships/Grants/Loans received:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Pre-Health Advisor: \_\_\_\_\_

Title: \_\_\_\_\_

Dept: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Email: \_\_\_\_\_

I have reviewed the above-mentioned student's coursework for the upcoming year and approve the current academic plan. Student is on target academically to meet current goals for major and career path.

\_\_\_\_\_  
 Signature and Date

**\*\*To qualify for the HL Snyder Medical Foundation Scholarship, you must have lived in Winfield for at least 3 years or be a graduate of Winfield High School (USD 465).**

## Application Checklist

- \_\_\_ Application Form with Signatures
- \_\_\_ Personal Statement/Essay
- \_\_\_ Academic Transcripts (High School and all College/Universities)
- \_\_\_ 2 Academic Letters of Recommendations from within your major
  - Name: \_\_\_\_\_
  - Name: \_\_\_\_\_
- \_\_\_ 1 Employer/Acquaintance Letters of Recommendation
  - Name: \_\_\_\_\_
- \_\_\_ Current Resume
- \$ \_\_\_\_\_ Est. Annual Income Amt. for 2020-2021

# 2020-2021 HL Snyder Medical Foundation Scholarship

SUBMISSION DEADLINE Thursday JUNE 4, 2020

WHS Exploring Health Care Student deadline is Friday May 1, 2020



## Research (if applicable):

1. Name of Supervisor Professor/Lab Supervisor \_\_\_\_\_
2. Dates Research Conducted \_\_\_\_\_
3. Research Thesis/Title \_\_\_\_\_
4. Paper(s) Published \_\_\_\_\_
5. Presentations \_\_\_\_\_
6. Poster link(s) \_\_\_\_\_ (can be submitted as a PDF or JPEG)

## Shadow Experience:

(Include healthcare provider name, phone number and dates shadowed)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Instructions for Personal Statement:

350 words minimum - 500 words maximum

- What attributes will you bring to your career as a Rural Health Care professional?
- Why do you want to become a Health Care Professional?

Attach to completed application

H.L. Snyder Medical Foundation  
1407 Wheat Road  
Winfield, KS 67156  
620.221.4080

Please contact the following for questions regarding application:

Hannelore Snyder Brown (Scholarship Chair) [brown.hannelore@gmail.com](mailto:brown.hannelore@gmail.com)  
Toya Laney [tlaney@snydermf.org](mailto:tlaney@snydermf.org)