

DR. ROBERT MOORE SCHOLARSHIP APPLICATION

The Dr. Robert Moore Scholarship was established at the request of the late Dr. Moore's family to assist employees of Clara Barton Hospital with their continuing education.

CRITERIA FOR SELECTION

- 1.) Applicant must be an employee of Clara Barton Hospital and have completed 180 calendar days of service.
- 2.) Individual courses that are part of a degree, licensing or certification program must be related to the employee's current duties or a foreseeable-future position with the hospital
- 3.) A letter of recommendation from your current supervisor.
- 4.) To maintain eligibility the applicant must remain on the active payroll and be performing their duties satisfactorily.
- 5.) Submit a short essay on your future career plans and why you have chosen this career to pursue. **Essay must be typed in size 12 Times New Roman font.**

APPLICATION DEADLINE OPEN UNTIL FUNDS ARE DISTRIBUTED

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Section A

| | | | |
|---------|-------|----------------|-----|
| Name | | | |
| Last | First | Middle Initial | |
| Address | | | |
| Street | City | State | Zip |
| Phone | | E-Mail | |

Please provide the name and address of a relative or friend **at a different address** who will always know how to contact you.

| | | | |
|----------|-------|---------------|--|
| Name: | | Phone: | |
| Address: | | Relationship: | |
| City | State | Zip | |

Section B

COLLEGE OR SCHOOL YOU PLAN TO ATTEND:

Complete Name _____

Mailing Address _____

City, State, Zip _____

Have you been admitted to this program? ____ Yes ____ No

Initial date of enrollment: _____

Anticipated date of graduation: _____

COMMITMENT

If awarded a scholarship, I'll agree to sign a marketing-authorization for release of information form and supply the Foundation with a current picture. *(The Foundation will include your picture and information in its publications and correspondences with donors who support the endowment.)*

I hereby attest that I am and have been an employee of Clara Barton Hospital for the past 180 days. I agree to submit to the Foundation office my official grade record within 30 days of course(s) completed. I also understand that I will be required to complete one full year of service to the Clara Barton Hospital, upon completion of my course(s). If I terminate my employment before that time, the scholarship will be considered a loan that I will repay.

I certify that that to the best of my knowledge the information contained on this application is correct.

Date _____ Signature _____

In order for your scholarship application to be complete you must submit:

1. This completed application. **Please do not staple the application!**
2. A letter of recommendation from your current supervisor.
3. A short essay on your future career plans and why you have chosen this career to pursue. **Essay must be typed in size 12 Times New Roman font.**

Clara Barton Foundation
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