

*H.L. Snyder Medical
Foundation*

*Healthcare Grant
Application*

2010

H.L. Snyder Medical Foundation Healthcare Grant 2010

The H.L. Snyder Medical Foundation (HLSMF) has established a grant program to assist Winfield residents who are going into or already in the healthcare and bioscience field and who would like to advance their knowledge and skill. Applicants must be a resident of Winfield for the last 3 years or a graduate of Winfield High School – USD 465. Applicants must be enrolled in a healthcare or bioscience program. These do not include veterinary medicine, acupuncture, chiropractic, Chinese herbal medicine, homeopathy or similar related fields.

Application Guidelines for all grant applicants:

1. A letter will be required from the applicant's college/university or healthcare program certifying that the applicant is enrolled to study in the healthcare or bioscience field.
2. For those applicants who are applying for a grant to attend a conference, seminar, or continuing education program, will need to provide the following: A. Proof of license to practice in Kansas. B. Evidence that the educational offering is approved by the appropriate licensing agency. C. Rational for taking the educational offering related to practice (i.e., can be stated in the personal statement).
3. A personal statement of 200 words minimum, which should include stating applicant's intended healthcare or bioscience vocation, reasons for interest in healthcare or bioscience and knowledge of the importance of the vocation.
4. Financial need statement. Grant applicants with a financial need will have priority over those with equal qualification with less financial need.
5. The grant checks will be payable to and sent to the college/university or seminar, conference or continuing education program.
6. Grant applications for seminars, conferences or continuing education programs may also be submitted retroactively. Grant Committee will take all retroactive applications under advisement and retroactive submission does not guarantee a grant award.
7. Grant amounts may vary due to changing income of the grant fund, the number of grants awarded and other factors.
8. If an applicant drops from the healthcare or bioscience program, or seminar, conference or continuing education program during the course of the semester/program in which the grant was awarded, then the applicant is obligated to refund, within 15 days, the amount of funds advanced to the applicant for that semester/program.
9. Other than through the application itself, any attempt by an applicant or by another person on behalf of the applicant to influence any member of the grant award committee as to the awarding of the grants will subject the applicant to disqualification.
10. Neither family members of the Trustees of HLSMF nor family members of the grant committee will be eligible for these grants.
11. Grants will be awarded without regard to race, creed, color, religion, national origin, gender or handicap.
12. Grant recipients and the amounts of their awards will be included in a story concerning that year's HLSMF grant awards to be published in one or more local newspapers.

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 grant program. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

*H.L. Snyder Medical Foundation
Grant Personal Statement*

*H.L. Snyder Medical Foundation
Grant Financial Statement*

Marital Status: Single Married Separated Divorced Widowed

Do You: Own Home Rent Home Live with parents' Live with relatives

Number and ages of children living with you: _____

Spouse's name: _____

APPLICANT

Employer: _____ Occupation: _____

2010 Salary: \$ _____ Other 2010 income: \$ _____ Total income: \$ _____

SPOUSE

Employer: _____ Occupation: _____

2010 Salary: \$ _____ Other 2010 income: \$ _____ Total income: \$ _____

Total applicant and spouse income for 2010: \$ _____

Savings, Investments, Trusts for both applicant and spouse: \$ _____

** Specifically list source and amount of any financial aid awarded to you for the current year.

Remember to include Social Security, AFDC, stipends, or any assistance from parents, relatives,

Applicant's Signature

Spouse's Signature

Mailing Address:

H.L. Snyder Medical Foundation
Grant Program
1407 Wheat Road
Winfield, KS 67156-4705
Phone: (620) 221-4080