

*H.L. Snyder Medical
Foundation*

*Healthcare Grant
Application*

2024 - 2025

H.L. Snyder Medical Foundation High School Healthcare Grant 2024-2025

The H.L. Snyder Medical Foundation (HLSMF) has established a grant program to assist Winfield High School students 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 Winfield High School - USD 465 student. 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. The grant checks will be payable to and sent to the college/university or seminar, conference or continuing education program.
3. Letters of recommendation should be sent to: H. L. Snyder Medical Foundation, 1407 Wheat Road, Winfield, Kansas 67156.
4. Grant amounts may vary due to changing income of the grant fund, the number of grants awarded and other factors.
5. 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.
6. 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.
7. Neither family members of the Trustees of HLSMF nor family members of the grant committee will be eligible for these grants.
8. Grants will be awarded without regard to race, creed, color, religion, national origin, gender or handicap.
9. 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.
10. Photocopies of Drivers License and Social Security Cards.

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.**

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.	Todd Gentry
Caroline Blakeslee	Mark Gilliland, M.D.
Grant Blakeslee	William Hendry, Ph.D.
Madeline Blakeslee	Dennis Herlocker, Atty.
W. Brooke Blakeslee	Alan Herrman
Willis Blakeslee	Cathy Holaday
Bob Bourdette	Anand Kaul, M.D.
Erika Brown	Dean Kennedy
Hamilton Brown	Mark Krusor, Atty.
Hannelore Snyder Brown	Carolyn Langenwalter
Heidi Brown	Ellen (Lin) Lewis
Scott Brown	Ken Lewis
Sophia Brown	Hal McCoy
Jim Buterbaugh	C. David McDermott
Laura Buterbaugh-Bradbury	James McDermott, M. D.
Carrie Cameron	Alexandra Garschagen Moore
Robert Clock	Byron Radcliff
Steve Dreiling	Paula Radcliff
Craig Duncan	Kaydee Riggs-Johnson
Katie Eastman	Laura Riggs-Johnson
Heidi Snyder Flagg, M.D.	Shanthi Samuel, M.D.
Elliot Flagg	Brandon Snyder
Emmeline Flagg	Jim Snyder
Griffin Forrester	John W. Snyder
Susan Snyder Forrester	Lincoln Snyder, M.D.
Walker Forrester	Marjorie Snyder
Dan Freeman, O.D.	Susan Snyder, M. D.
Lucy Freeman, Atty.	William A. Taylor, Jr.
Andrew Garschagen	Julia Thompson
Jean Garschagen	John Winblad, M.D.
Brian Gentry	

2024-2025 HL Snyder Medical Foundation Scholarship



Name: _____

Date of Birth: _____

Student ID Number: _____

Cell phone: _____

Social Security Number: _____

Marital Status: ___ S ___ M ___ Divorced ___

Permanent Address: _____

Dependents: _____

Please indicate appropriate class for 2024-2025:

Current Address: _____

_____ Winfield High School. _____ College/University

_____ Freshman

_____ Sophomore

_____ Junior

_____ Senior

School Email Address: _____

_____ Graduate School (MD, Nursing, OT, PT, Pharmacy, etc)

Declared Major Field of Study: _____

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

College or University: _____

High School: _____

Degree Sought (BA, BS, MS, MD) _____

Date of HS Attendance: _____

Estimated Date of College/Univ. Graduation: _____

HS Graduation Date: _____

Signature of Applicate: _____

Anticipated career: _____
Parent(s) email address: _____

1. Overall GPA: _____
2. Science GPA: _____
3. Estimated cost for 2024-2025:
 - a. Books & Supplies: _____
 - b. Room/Board: _____
 - c. Tuition: _____
 - d. Fees: _____

Additional 2024-2025 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 Form with Signatures
Application Checklist
_____ 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 2024-2025

2024-2025 HL Snyder Medical Foundation Scholarship

SUBMISSION DEADLINE Thursday JUNE 7, 2024

WHS Exploring Health Care Student deadline is Friday, May 3 2024



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 for each essay

-Medicine and Medical Research is constantly evolving and learning. What medical discovery do you think has had the most profound impact on our lives and why?

-What healthcare profession are you most interested in? Which healthcare profession are you least interested in and why?

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
Toya Laney tlaney@snydermf.org