



Public Health
Prevent. Promote. Protect.

Daviess County Health Department
609A South Main Street
Gallatin MO 64640
660-663-2414

Scholarship Application

Application Due Date: March 7, 2025

1. Deadline for scholarship applications is **March 7, 2025 (NO EXCEPTIONS)**.
2. Refer to application process below for a list of the supporting documents needed (i.e., reference forms, evidence of GPA, etc.). Incomplete applications will not be considered.
3. If any question does not apply to you in this application please put N/A in the space.
4. Type or print legibly, illegible applications will be returned to you.
5. You will be notified by phone or email in regards to the status of your application by May 1st.
6. If you have any questions about the application, contact Administrator, RaCail King at the phone number above. The Daviess County Health Department scholarship was established in 2017. The mission of this scholarship is to provide financial assistance to individuals enrolled for undergraduate study in community colleges, trade schools and universities and are entering a health related career field of study.

FINANCIAL ASSISTANCE is based on academic performance, leadership potential, and participation in community or volunteer hours.

SCHOLARSHIP AWARDS

The Daviess County Health Department awards scholarships on the basis of a comprehensive process. Areas that are reviewed by the Board of Trustees include, but are not limited to the following: *Academic Accomplishments, Community Service, References, and Personal Essay*. This scholarship is in the amount of \$1,000.

CRITERIA

- Applicants must have a permanent residence in Daviess County, Missouri, *and must be a permanent resident of the United States*.
- Applicants must currently be enrolled in high school with a minimum unweighted GPA of 3.0 on a 4.0 scale.
- Applicants must be accepted as a full time student at a *college, university, or trade school* program for the upcoming academic semester.
- Applicant must be studying in a health related field.
- Applicants must complete and submit this Scholarship Application by **Friday March 7, 2025**.

TIMELINE

- Applications are due by end of business day **March 7, 2025**.
- Applications will be reviewed by the board of trustees at the following meeting.
- Applicants are notified if awarded a scholarship by May 1, 2025.
- Funds will be paid directly to the school by the following fall semester.

Application Process

SCHOLARSHIP APPLICANTS MUST PROVIDE:

- Completed application form.
- Official high school transcript in a sealed envelope from the institution.
- Two letters of recommendation.
- A maximum 250 word essay. Please choose and answer one of the following questions for your essay.
 1. **What is your dream job?**
 2. **Who is your role model and why?**
 3. **Why do you feel like you deserve this scholarship?**
- A letter of acceptance from a college, university and/or a vocational, technical school OR current enrollment documents.

SCHOLARSHIP AWARDS

- Award notification will be given by May 1, 2025. Please watch your email for notification.
- If chosen, a check will be mailed directly to the school in the fall prior to start date.

Deadline for the application is Friday, **March 7, 2025**. Applications submitted after this date will not be considered.

Please mail OR submit application to:

**Daviess County Board of Trustees
ATTN: RaCail King, RN-Administrator
609A South Main Street
Gallatin, MO 64640**

Application 2025- Must be filled out by applicant.

Please **type or print** your answers below. A separate sheet may be used if needed. If application is illegible, it will be returned to you.

1	Last Name: _____ _____	First Name: _____ _____
2	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____	
3	Daytime Telephone Number: ()- _____ Email address: _____	
4	Current High School: _____ Graduation Date: _____	
5	I will be attending the following school in the <u>Fall of 2025</u> : _____ Address: _____ Phone: _____	
6	Will you be a full time student? _____ (Minimum 12 hrs.)	
7	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA; your official high school transcript is required.	
8	ACT Score: _____ Or SAT Score: _____ A copy of your ACT or SAT score sheet on official high school transcript is required.	
9	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name:(s) _____ Street: _____ City: _____ State: _____ ZIP: _____ Phone number of parent or legal guardians: _____	

10	What specialty/major do you plan to study as you continue your education? _____		
11	List other financial assistance you plan to receive per semester or quarter:		
	1.	Personal: (currently working and/or work study program)	Amount: \$
	2.	Other Scholarship(s):	Amount: \$
	3.	Grants:	Amount: \$
	4.	Student Loan(s):	Amount: \$
	5.	Other Financial Resources (include parent contribution):	Amount: \$

Please list the following information on a separate sheet if needed.

12	EXTRA-CURRICULAR ACTIVITIES: Please list extra-curricular activities in which you have participated, either at school or outside of school.
13	REFERENCES/RECOMMENDATIONS: Please submit two letters of recommendation, NOT from family. May include employers, teachers, coaches and/or community leaders.
14	ORGANIZATIONS: Please list school/community organizations such as service, volunteer and/or religious organizations in which you are now active in or have previously been active in. Note leadership roles and dates.
15	RECOGNITIONS: Please list important awards and recognitions received. Note organizations presenting honor and date.
16	GOALS: What are your short and long term goals?
17	NEED: Please explain your need of the Health Department Scholarship; explain how this will help you.

18	<p>A. The following criteria must be met in order for the application to qualify to be reviewed by the Board of Trustees.</p> <p>B. Your application will be returned if any of these items are not attached to this application. No exceptions.</p> <p>C. Circle "YES" or "NO" to be sure you have completed and attached each item as required.</p>		
	YES	NO	Complete application.
	YES	NO	Two reference letters (your letters should be in separate <u>sealed</u> envelopes).
	YES	NO	Proof of college/trade school acceptance. A letter (or email) of enrollment is required for receipt of funds.
	YES	NO	Official high school transcript. Photocopies are <u>not acceptable</u> .
	YES	NO	<p>250 Maximum Word Essay: Answering ONE of the following questions.</p> <p>1. What is your dream job?</p> <p>2. Who is your role model and why?</p> <p>3. Why do you feel like you deserve this scholarship?</p>

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to the Daviess County Health Department Board of Trustees is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Daviess County Health Department Scholarship Program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the institution of my choice before scholarship funds can be awarded. I hereby understand that if chosen, funds will be mailed directly to the institution by the following fall semester.

Signature of scholarship applicant: _____ Date: _____

**The deadline for this application must be
Submitted by March 7, 2025 NO EXCEPTIONS!**