



Kauk Family Healthcare Scholarship North Kansas City High School

A decision to pursue careers in healthcare brought Bruce, a physician, and Jan, a nurse, together. They moved to Kansas City's Northland in 1979 and raised their sons Blaine and Justin, both proud graduates of North Kansas City High School. Justin also chose the healthcare profession and practices orthopedic surgery. The Kauk Family is strongly committed to making a difference in our community. Jan serves on the Board of Education for North Kansas City Schools and volunteers for many other local organizations.

Deadline: Friday, March 27, 2020

Number of Recipients: One annually

Scholarship Amount: \$1,000

Eligibility:

- You must be a 2020 graduating senior at **North Kansas City High School**.
- You must have maintained at least a **3.25 GPA**.
- You must participate in extracurricular and volunteer activities.
- You must plan to pursue a post-secondary program of study at a two- or four-year institution that leads to a career in healthcare.
- You must demonstrate a financial need and your ability to overcome at least one obstacle to be successful in school and in life.

Supporting Documents:

- **Official Grade Transcript**
- **One Letter of Reference:** This letter may be written by a North Kansas City High School teacher or staff member OR another adult who can attest to your character, such as an employer or religious or service group leader.
- **Essays Questions:** 1) What career do you plan to pursue in healthcare and why? 2) Explain how you have overcome a personal obstacle and, if applicable, how it has influenced your decision to pursue a healthcare career.

Process: The Selection Committee will consist of members of the Kauk Family.

Payment: Payment of the scholarship will be made directly to the institution the recipient plans to attend by the North Kansas City Schools Education Foundation, which holds the funds for the Kauk Family Healthcare Scholarship.

Please include the application form and all supporting materials in one envelope and **mail or deliver by 3 p.m. Tuesday, March 31, 2020, to the Counseling Office at North Kansas City High School.**

Kauk Family Healthcare Scholarship 2020 Application Form

Applicant's Name: _____

High School Student ID Number: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell: _____

Personal Email: _____

Post-Secondary School: _____

Major or Course of Study: _____

1st Parent/Legal Guardian: _____

Address (if different from above): _____

Place of Employment: _____ Title: _____

2nd Parent/Legal Guardian: _____

Address (if different from above): _____

Place of Employment: _____ Title: _____

Student Employer (if applicable): _____

Average number of hours worked per week: _____ Student Annual Income: \$ _____

Family Financial Information: (Refer to tax returns, FAFSA reports and financial aid calculators.)

Gross Annual Income: \$ _____ Adjusted Gross Annual Income: \$ _____

Total number of people dependent on this annual income, including applicant: _____

Anticipated Financial Resources: (This will help determine your financial need and financial aid you may receive to further your education.)

| | |
|--|----------|
| Estimated Student Contribution: | \$ _____ |
| Estimated Parent(s)/Guardian Contribution: | \$ _____ |
| Scholarships and Grants (received to date): | \$ _____ |
| Other Resources (excluding loans): | \$ _____ |

Financing Your Education: Briefly explain how you plan to finance your college education.

Explain any other financial circumstances you wish the committee to consider when evaluating your application: _____

NOTE: You may attach extra sheets to provide the information below and for the essay questions.

List your high school extra-curricular activities.

List any special honors or recognitions you have received.

Describe your interests and activities outside of school, including community service projects.

ESSAY #1: What career do you plan to pursue in healthcare and why? (Up to 300 words)

ESSAY #2: Explain how you have overcome a personal obstacle and, if applicable, how it has influenced your decision to pursue a healthcare career. (Up to 500 words)

***NOTE:** Incomplete applications will **NOT** be considered. Please include all materials.*

Signature of Applicant: _____ **Date:** _____

Signature of Parent or Legal Guardian: _____

Date: _____

Please place your application form and all supporting materials in one envelope and deliver or mail to:

**Counseling Office
North Kansas City High School
620 E. 23rd Avenue
North Kansas City, MO 64116**

Applications must be postmarked or delivered and received by 3 p.m. on Tuesday, March 31, 2020.