

**Kentucky Health Systems Agency-West Scholarship Fund
(KHSA-West Scholarship)**

Deadline for Application: April 15

The KHSA-West Scholarship is awarded to Kentucky residents pursuing an undergraduate health-related field of study (excluding pre-veterinary medicine) at the University of Louisville. The recipient must be an undergraduate who is at sophomore, junior, or senior standing. Awards will be based on a combination of academic achievement (3.0 GPA or above) and financial need as determined by the Financial Aid Office. This scholarship is awarded for one year with renewal assistance based upon successful competitive reapplication.

* The Free Application for Federal Student Aid (FAFSA) for the year you are applying for this scholarship must be completed and on file in the Financial Aid Office. This form determines financial need.

Application Procedure

To apply for this scholarship, please submit the following:

1. This application form;
2. A personal statement, detailing why you feel you the best candidate for this scholarship;
3. Official high school transcript or official college transcript from all colleges previously attended. Current University of Louisville students need not submit a UofL transcript.
4. Submit to: University of Louisville
Financial Aid Office
KHSA-West Scholarship
Houchens - 110
Louisville, KY 40292

Name _____ **Student ID #** _____

Address _____ **City** _____ **State** _____ **Zip** _____

E-mail _____ **Phone** _____

Certification Statement: I certify that all the information on this form is accurate and complete to the best of my knowledge. I certify that I meet the criteria required for the awarding of this scholarship. I consent to the release of all application materials including my academic transcript, my Free Application for Federal Student Aid (FAFSA) data, and other financial aid award information to the KHSA-West Scholarship Selection Committee for selection purposes and to the donor(s) for reporting and renewal purposes

Student Signature **Date**

Office Use Only

SCHAP In Progress

Personal Statement GPA: _____ FAFSA: Y/NEFC: _____ KY Resident : Y/N Transcript: _____
Degree Seeking: Y/N Undergrad: Y/N Health Related Field of Study: Y/N Academic Level: _____

Committee Member 1	Committee Member 2	Committee Member 3
Initials: _____ Rank: _____	Initials: _____ Rank: _____	Initials: _____ Rank: _____

<input type="checkbox"/> Selected <input type="checkbox"/> Not Selected	<input type="checkbox"/> Student Notified	<input type="checkbox"/> SCHAP Completed	<input type="checkbox"/> Award Complete
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