



CPS Foundation Scholarship Application Medicine & Healthcare Strand

One \$1,000 scholarship will be awarded annually to a graduating senior who participated in the CAPS Medicine and Healthcare strand beginning with the class of 2015. This scholarship is open to those graduating seniors with at least a 3.0 grade point average (weighted or non-weighted). It is a one-time only award payable to the four-year postsecondary educational institution of the recipient's choice. The award is intended to help pay for tuition, fees and books.

STUDENT INFORMATION

DEADLINE: February 15, 2019

Name _____
(first) (middle) (last)

Address _____
(street) (city) (state) (zip)

Home Telephone _____ College Student ID No. _____

Name of High School _____

Only complete applications will be considered. Complete applications require the following items:

- 1. Please include a professional resume with emphasis on the applicant's professional experience gained through the CAPS program as well as the applicant's involvement in school and community activities.**
- 2. One letter of recommendation from a CAPS instructor or mentor highlighting the applicant's attributes and work ethic that will help them succeed in their profession.**
- 3. Please attach a double-spaced, typed essay on white 8 1/2 x 11 unruled paper (not to exceed one page) answering the following:**
 - Describe one highlight from your CAPS experience and the impact it will have on the direction of either your post-secondary studies or your career planning in the years ahead.*
- 4. Please indicate the name and location of the postsecondary institution you plan to attend.**
Checks for scholarship recipients will be mailed to the institution's financial aid office in July 2019.

Name of institution _____

(street address) (city) (state) (zip)

Note: Should a scholarship recipient decide at a later date to attend a different postsecondary institution, the scholarship would still be awarded once the name and address of the new postsecondary educational institution is submitted to the Blue Valley Educational Foundation.

PLEASE READ CAREFULLY

I give my permission to the Blue Valley Educational Foundation and/or the Blue Valley School District to use my name in promotional activities if, and only if, I am selected to receive the CPS Foundation Scholarship. I also certify that, to the best of my knowledge, this application is complete and correct.

Student signature

Date

Take this completed application to the CAPS Director and request he/she read the following statement and sign below: I certify that the information presented on this application, to the best of my knowledge, is complete and accurate.

CAPS Director Signature

Date

Return your completed application to the CAPS Director
by **Friday, February 15, 2019.**

Blue Valley Educational Foundation
15020 Metcalf
Overland Park, KS 66223

Please call Joy Ginsburg, BVEF Executive Director, at 239-4622 if you have questions.