

# David Kacanek Memorial Scholarship

The David Kacanek Memorial Scholarship will be awarded to a graduating senior from Hinsdale Public School District who will pursue a career in a healthcare related field at an accredited two or four year post-secondary school.

## **Determining factors will be:**

- High School graduate from Hinsdale, NH,
- Goal of pursuing a healthcare related career,
- Exhibits responsibility, perseverance, and mature behavior; participates in school activities; is respected by peers and faculty,
- GPA average or above,
- Need based,
- Scholarship will be available after successful completion of student's first semester. First semester grades will need to be sent to Cathy Johnson in the Guidance Office at HMHS.

**Due: April 26, 2022**

**David Kacanek Memorial Scholarship Application**  
**2019 - 2020 Academic Year**

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Address: \_\_\_\_\_  
                    Street                                    City                                    State                                    Zip

Home Phone: \_\_\_\_\_ Birthdate : \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

**Eligibility:**

You must be a current Hinsdale High School graduating senior who has been accepted at a post-secondary institution of higher learning. **\*\* A copy of your acceptance letter from the college must accompany your application. \*\***

**Method of payment:**

Payment will be made at the beginning of the second semester of the first year. It is the responsibility of the student to notify the representative of the awarding group (the name of the contact person will be indicated on a letter of notification) that you have successfully completed the first semester and wish to have the scholarship applied toward second semester tuition.

**Student responsibility:**

If you should change your school of choice after you have received the scholarship, it is your responsibility to tell the scholarship organization. It may mean you no longer qualify for that scholarship.

**Professional field you plan to enter:**

\_\_\_ RN \_\_\_ LPN \_\_\_ Speech \_\_\_ Occupational Therapy \_\_\_ Physical Therapy

\_\_\_ Medicine \_\_\_ Audiology \_\_\_ Nutrition \_\_\_ Lab Technology \_\_\_ Pharmacy

\_\_\_ Other \_\_\_\_\_

**School honors, awards and scholastic achievement:**

\_\_\_\_\_  
\_\_\_\_\_

**Extracurricular activities** (e.g. clubs, sports, hobbies, talents, special interests):

\_\_\_\_\_  
\_\_\_\_\_

**Community Activities** (e.g. volunteer work):

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**Employment History:**

Position Held	Period of Employment	# of hour per week
_____	_____	_____
_____	_____	_____

**College you will attend:**      Anticipated graduation date: \_\_\_\_\_

Name of College	Address	Cost
_____	_____	_____

Financial Aid that has been offered to you by the college and/or other source:

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Are there any circumstances which have affected family income in the last year or other unusual circumstances that should be considered by the scholarship committee?

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**Please provide 3 letters of recommendation** (Include names and a contact telephone number):

_____	Tel: _____
_____	Tel: _____
_____	Tel: _____

**Write a paragraph (minimum 300 words) about yourself and include:**

- Reasons for pursuing the professional field that you have identified,
- Circumstances or individuals that have influenced your career choice.

**\*\*Your application will not be considered complete without this paragraph. Attach it to the application.\*\***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date