



# KSHE SCHOLARSHIP APPLICATION 2012

Nominator \_\_\_\_\_ KSHE Member  Yes  No  
Place of Employment \_\_\_\_\_  
Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Relationship to Nominee \_\_\_\_\_ Letter of Recommendation Attached  Yes  No

## Scholarship Nominee Info

\_\_\_\_\_  
Name

\_\_\_\_\_  
High School Attending

\_\_\_\_\_  
Location

\_\_\_\_\_  
 Current Transcript Attached  
GPA

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
College Enrolled In

2-Year Program  4-Year Program

GPA\*

Semester

1

2

3

4

5

6

7

8

\*Scholarship recipient to submit official transcript after each semester for continued eligibility.

Mail or fax to:  
Kentucky Society of Healthcare Engineers  
9462 Brownsboro Road #158  
Louisville, KY 40241  
PHONE: (800) 493-1117 FAX: (502) 241-5900

**APPLICATION DEADLINE APRIL 15, 2012**