

## Kent E. Palmberg, MD Medical Student Scholarship Scholarship Application

Name \_\_\_\_\_ Age \_\_\_\_\_ Primary/Cell Phone # \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Schools attended (beginning with high school)

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ GPA \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ GPA \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ GPA \_\_\_\_\_

Year of graduation from University of Kansas School of Medicine \_\_\_\_\_

Specialty course of study \_\_\_\_\_

Name of relative employed at Stormont Vail Health and relationship to employee \_\_\_\_\_

### Personal Expenses (Annual)

### Education Expenses Per Semester

Living (Rent, Utilities, Food, Transportation) \$ \_\_\_\_\_

Tuition \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

Books \$ \_\_\_\_\_

Medical \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total Personal Expenses \$ \_\_\_\_\_

Total Education Expenses \$ \_\_\_\_\_

By my signature below, I certify that the above information is true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Scholarship Applicant

\_\_\_\_\_  
Date of Application

Complete and return required documents by July 1 to Stormont Vail Foundation, 1500 S.W. 10th Ave., Topeka, KS 66604-1353.

### Document Checklist

(Check to ensure you have enclosed the following documents before submission)

- Completed scholarship application form
- CV
- Scholarships/Awards received
- Letters of recommendation (at least 2)
- Official college transcript