



## **Knoxville Area Urban League Minority Scholarship Program**

*Scholarship award in honor of Walter Hardy, M.D.*

### **SCHOLARSHIP DESCRIPTION**

Knoxville Area Urban League (“KAUL”) will award scholarships annually in a minimum amount of \$1,000 to minority students who are pursuing degrees in Health professions.

- The scholarship award will be paid directly to the INSTITUTION OF HIGHER EDUCATION and will be applied toward the recipient’s tuition, books, required academic fees, room and/or board.
- The scholarship will be awarded upon evidence of recipient’s enrollment.
- There is no restriction on the number of scholarship applicants per family.

### **SELECTION**

Scholarship recipients will be selected by the KAUL Scholarship Committee, which will be comprised of representatives from the KAUL Board, KAUL Young Professionals and the medical community.

Selection will be based on a combination of factors, including GPA, academic progress, the essay, letters of recommendation, family income, work history, school activities, leadership, and community involvement. Special emphasis will be placed on each applicant’s character, personal merit, background, and past academic performance.

### **ELIGIBILITY**

To be considered for the KAUL Scholarship, an applicant **must**:

- Be a Knoxville, Anderson, Blount or Knox county resident.
- Be a full-time undergraduate student already accepted in a health-related degree program at an accredited college or university in the United States at the time of the scholarship award.
- Pursue a course of study leading to an Associate’s or Bachelor’s degree in a health-related profession.
- Complete a KAUL Scholarship Program application.
- Submit to the Knoxville Area Urban League two signed letters of recommendation.
- Have demonstrated leadership skills and community involvement.
- Submit with the application a typed essay on the provided topic.

**KAUL employees and board members and their immediate families are not eligible to receive an award.**



**Knoxville Area  
Urban League**

*Empowering Communities.  
Changing Lives.*

## Scholarship Application

Name:		
Address:		
Home phone:	Mobile phone:	
Name of parent/guardian/caregiver:	Relationship:	
Address:		
Home phone:	Business phone:	Mobile phone:
Number of household dependents:	Number in college:	
Total Annual Gross Family Income (Check applicable range.)		
<input type="checkbox"/> Less than \$18,000	<input type="checkbox"/> \$50,000-\$74,999	
<input type="checkbox"/> \$18,000-\$29,999	<input type="checkbox"/> \$75,000-\$99,999	
<input type="checkbox"/> \$30,000-\$41,999	<input type="checkbox"/> Greater than \$100,000	
<input type="checkbox"/> \$42,000-\$49,999		
Name of College or University currently attending:		
Cumulative GPA:		
Academic Honors and Awards:		
Current extra-Curricular Activities/Leadership Positions:		
Current involvement with activities in your community:		

Electronic version of application available at [www.thekaul.org](http://www.thekaul.org).

Please provide the following information with regard to other scholarships you are receiving or will receive:

Scholarship Name	Amount
Are you employed?	If yes, where?
Where do you plan to continue college?	

**Additional Application Requirements:**

- Attach a copy of your College Transcript through the most recently completed semester.
- Attach two signed letters of recommendation from persons who are familiar with your academic and leadership abilities. One letter must come from an instructor or college administrator who is familiar with your academic work.
- Attach an original, typed essay of 500 words or less on the subject: "How my career as a health care professional will contribute to the reduction of health care disparities in my community."

*(All information will be handled confidentially)*

**APPLICATION AND SELECTION TIMELINE**

**Scholarship Applications Available – September 12, 2011**

**Application Submission Deadline – October 3, 2011**

**Scholarship Winner(s) Presented – October 27, 2011**

Applications must be received or postmarked by Oct. 3, 2011, to:  
Knoxville Area Urban League  
1514 E. Fifth Ave.  
Knoxville, Tenn. 37917



## Scholarship Letter of Recommendation Form

### TO BE COMPLETED BY SCHOLARSHIP APPLICANT:

Applicant's name (printed):
Address:
Phone:

### TO BE COMPLETED BY REFERENCE:

Please rate the applicant on the following characteristics by placing an "X" in the appropriate column.

	Excellent	Above Average	Average	Below Average	Poor	Unknown
Commitment to academic excellence						
Interest in learning						
Integrity						
Leadership						
Responsibility						
Likelihood of academic success						
Commitment to community service						

Please attach your letter of recommendation to this form. Please be sure to sign the letter and this form.  
Thank you for your assistance.

Your name (printed):
Title/occupation:
Relationship to applicant:
Reference signature <span style="float: right;">Date:</span>

Please return the completed form to the student for inclusion in his/her application materials, or submit to KAUL by Oct. 3, 2011, at: KAUL Scholarship Application, 1514 E. Fifth Ave., Knoxville, TN 37917, or by fax to 865-522-0778.