

Charles M. Stewart Scholarship

The Charles M. Stewart Scholarship Fund is established within the College Heights Foundation through a gift made by Med Center Health.

The purpose of the Scholarship Fund is to pay tribute to Charles M. Stewart and to recognize the contributions he made to Bowling Green and Warren County. Mr. Stewart was dedicated to his profession, for which he gained the respect and admiration of his colleagues and all with whom he came in contact.

This scholarship is for the Fall 2023–Spring 2024 academic year. It includes \$4300 per year, payable over two semesters, which may be awarded to one student or divided between two students.

To recognize the many contributions Mr. Stewart has made while formerly serving as the Chairman of the Board of Directors for The Medical Center, recipients of the Charles M. Stewart Scholarship must meet the following criteria:

- Dependent child of a regular full-time or regular part-time employee of Med Center Health.
- Full-time student at Western Kentucky University.
- Recipient must obtain a minimum GPA of 3.0 in the first semester of the year that the award is received in order to receive the award for a second semester.
- Financial need may be a consideration.

The award is not renewable; however, recipients may re-apply and will be considered for the award in subsequent years.

Please mail completed application to:

Med Center Health ATTN: Amy Hardin 800 Park Street Bowling Green, KY 42101

Application and accompanying documents due by Friday, March 15, 2024.

Please email to Amy Hardin, Executive Director, at hardac@mchealth.net, or call 270.745.1535 with any questions

** Applicants will not be considered if all requested information is not included**

Charles M. Stewart Scholarship Application

Section A: Personal Information Name: ______ Age: ______

Home Address:
Social Security Number: Date of Birth:
Telephone Number:
Name of parent employed by Med Center Health:
Med Center Health location / department: Years of Service
Section B: High School
High School Name and Location:
High School Graduation (month/year):
Section C: College
Will you be a full-time student at WKU? Fall Semester 2024 Yes No
Spring Semester 2025 Yes No
Academic Major:
Anticipated Graduation Date:
Have you or will you apply for financial aid? Yes No
Are you a recipient of any other scholarships/grants? Yes No (Include KEES funding or estimated amount.)
If you answered yes, please complete:
Name of Scholarships/Grants and Amount(s) Awarded (do not summarize but list each individual amount:

Section	D: Activities - Please indicate years of membership and leadership positions.
Membe	ership in school activities (High School and/or College):
Membe	ership in non-school activities (community, church, civic, employment, etc.):
Honors	and Awards:
Section	E: Supporting Documentation – Please attach the following documents.
•	One-page essay explaining your financial need and why you should be awarded the scholarship.
•	Official copy of your high school or college transcripts, including your cumulative grade polaverage.
•	Please make sure ACT scores are included on the transcript.
•	Three letters of reference (i.e. Principal, Counselor, Teacher, or Employer). Please be sure to have your references include their phone number on the letter.
*Applic	ations submitted without the required documentation will not be considered.
Student	: Signature Date