



## Carrel K. Sumner Family Memorial Scholarship

The Carrel K. Sumner Family Memorial Scholarship fund is established with the Med Center Health Foundation through a gift made by Clara Sumner and Med Center Health. The purpose of the Scholarship Fund is to pay tribute to Carrel K. Sumner and to recognize the contributions which he made to Med Center Health.

Mr. Sumner devoted over 38 years of his life to healthcare in Southcentral Kentucky through his service to Med Center Health. His legacy will continue to change lives, and improve the health of our community for many generations to come.

The scholarship is for the Fall 2024–Spring 2025 academic year. It includes \$5,000 per year, payable over two semesters, which may be awarded to one student or divided between two students.

To qualify for the Carrel K. Sumner Family Memorial Scholarship, applicants must meet the following criteria:

- Dependent child of a regular full-time or regular part-time employee of Med Center Health.
- Full-time undergraduate student at Western Kentucky University, Southcentral Kentucky Community and Technical College, or other accredited college in Bowling Green by fall semester in which the scholarship will be awarded. Area of study and its appropriateness to healthcare will be considered.
- Recipients must have a cumulative GPA of at least 2.5 in each semester that the award is received.

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](mailto:hardac@mchealth.net), or call 270.745.1535 with any questions.

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

## Carrel K. Sumner Family Memorial 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

Please indicate which college or university you are currently attending or planning to attend:

\_\_\_\_\_

Will you be a full-time student?      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.)

Name of Scholarships/Grants and Amounts Awarded – do not summarize but list amounts individually:

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**Section D: Activities - Please indicate years of membership and leadership positions.**

Membership in school activities (High School and/or College):

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Membership in non-school activities (community, church, civic, employment, etc.):

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Honors and Awards:

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**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 point average.
- 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.*

**\*Applications submitted without the required documentation will not be considered.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_