



Betty Jean Kerr Scholarship Foundation

2023-2024 Application

Student information:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Current University Attending:

Current Year in School:

Date of Graduation: _____

Institution planning to attend: _____

Major/Specialty: _____ Full-Time Student Part Time Student

Personal Information:

Please attach short answers to the following questions:

1. Why did you choose a career in healthcare?
2. How would you like to influence the field of health care?
3. What is something outside of work or school that you are passionate about?
4. How would this scholarship benefit you?

Employment:

Are you an employee of People’s Health Centers? Yes _____ No _____

If Yes, what is your position? _____

If No, do you have an immediate family employed at People’s? Yes _____ No _____

What is your immediate family member’s name? _____

What is your relation to this individual? _____

Please provide and attach two reference letters addressed to:

Chairman of BJK Scholarship Committee, 5701 Delmar Blvd., St. Louis, Missouri 63112.

**Please provide a letter of acceptance from a college or university or proof of enrollment
(current college students)**

**All Applications must be completed and submitted to
Human Resources, by 5pm May 31, 2023.**