

*H.L. Snyder Medical
Foundation*

*Healthcare Grant
Application*

2025 - 2026

H.L. Snyder Medical Foundation High School Healthcare Grant 2025-2026

The H.L. Snyder Medical Foundation (HLSMF) has established a grant program to assist Winfield High School students who are going into or already in the healthcare and bioscience field and who would like to advance their knowledge and skill. Applicants must be a Winfield High School - USD 465 student. Applicants must be enrolled in a healthcare or bioscience program. These do not include veterinary medicine, acupuncture, chiropractic, Chinese herbal medicine, homeopathy or similar related fields.

Application Guidelines for all grant applicants:

1. A letter will be required from the applicant's college/university or healthcare program certifying that the applicant is enrolled to study in the healthcare or bioscience field.
2. The grant checks will be payable to and sent to the college/university or seminar, conference or continuing education program.
3. Letters of recommendation should be sent to: H. L. Snyder Medical Foundation, 1407 Wheat Road, Winfield, Kansas 67156.
4. Grant amounts may vary due to changing income of the grant fund, the number of grants awarded and other factors.
5. If an applicant drops from the healthcare or bioscience program, or seminar, conference or continuing education program during the course of the semester/program in which the grant was awarded, then the applicant is obligated to refund, within 15 days, the amount of funds advanced to the applicant for that semester/program.
6. Other than through the application itself, any attempt by an applicant or by another person on behalf of the applicant to influence any member of the grant award committee as to the awarding of the grants will subject the applicant to disqualification.
7. Neither family members of the Trustees of HLSMF nor family members of the grant committee will be eligible for these grants.
8. Grants will be awarded without regard to race, creed, color, religion, national origin, gender or handicap.
9. Grant recipients and the amounts of their awards will be included in a story concerning that year's HLSMF grant awards to be published in one or more local newspapers.
10. Photocopies of Drivers License and Social Security Cards.

All information obtained from this application will be kept private and will not be given to any other person or organization not affiliated with the grant program. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Applicant's eligibility requirements include the following:

The IRS (Section 4958(e)(1)) states that the "intermediate sanctions" rule is applicable and prohibit a "disqualified person" from receiving an "excess benefit" (eg, scholarships and grants are considered an "excess benefit"). A "disqualified person" is a grandchild, son, daughter, niece, nephew or first cousin of existing trustees. However, a relative of a trustee may receive "excess benefits" beginning 5 years after the date upon which a trustee retired

Applicants are considered INELIGIBLE if you are related, as indicated in the aforementioned paragraph, to any of the following HLSMF Foundation Board of Trustees:

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2025-2026 HL Snyder Medical Foundation Scholarship



Name: _____

Date of Birth: _____

Student ID Number: _____

Cell phone: _____

Social Security Number: _____

Marital Status: ___S___ M ___ Divorced ___

Permanent Address: _____

Dependents: _____

Please indicate appropriate class for 2025-2026:

Current Address: _____

_____ Winfield High School. _____ College/University

_____ Freshman

_____ Sophomore

_____ Junior

_____ Senior

School Email Address: _____

_____ Graduate School (MD, Nursing, OT, PT, Pharmacy, etc)

Declared Major Field of Study: _____

College or University: _____

Estimated Date of MCAT: _____
(Pre-Med Students only)

High School: _____

Degree Sought (BA, BS, MS, MD) _____

Date of HS Attendance: _____

Estimated Date of College/Univ. Graduation: _____

HS Graduation Date: _____

Anticipated career: _____

Signature of Applicate: _____

Parent(s) email address: _____

1. Overall GPA: _____

Additional 2025-2026 Scholarships/Grants/Loans received:

2. Science GPA: _____

1. _____

3. Estimated cost for 2025-2026:

a. Books & Supplies: _____

2. _____

b. Room/Board: _____

3. _____

c. Tuition: _____

d. Fees: _____

Pre-Health Advisor: _____

Title: _____

Dept: _____

Daytime phone: _____

Email: _____

I have reviewed the above-mentioned student's coursework for the upcoming year and approve the current academic plan. Student is on target academically to meet current goals for major and career path.

Signature and Date _____

Application Checklist

_____ Application Form with Signatures

_____ Personal Statement/Essay

_____ Academic Transcripts (High School and all College/Universities)

_____ 2 Academic Letters of Recommendations from within your major

Name: _____

Name: _____

_____ 1 Employer/Acquaintance Letters of Recommendation

Name: _____

_____ Current Resume

\$ _____ Est. Annual Income Amt. for 2025-2026

****To qualify for the HL Snyder Medical Foundation Scholarship, you must have lived in Winfield for at least 3 years or be a graduate of Winfield High School (USD 465).**

2025 - 2026 HL Snyder Medical Foundation Scholarship

Scholarship Deadline Thursday June 5, 2025

WHS Exploring Health Care Student deadline is Thursday May 1, 2025



Research (if applicable):

1. Name of Supervisor Professor/Lab Supervisor _____
2. Dates Research Conducted _____
3. Research Thesis/Title _____
4. Paper(s) Published _____
5. Presentations _____
6. Poster link(s) _____ (can be submitted as a PDF or JPEG)

Shadow Experience:

(Include healthcare provider name, phone number and dates shadowed)

1. _____
2. _____
3. _____

Instructions for Personal Statement:

350 words minimum - 500 words maximum for each essay

-What does the Hippocratic Oath (or healthcare professional oath: eg Nightingale Oath for Nursing, etc) mean to you? How will your oath affect how you treat and care for patients in the future?

-What healthcare profession are you most interested in? Which healthcare profession are you least interested in and why?

Attach to completed application

H.L. Snyder Medical Foundation
1407 Wheat Road
Winfield, KS 67156
620.221.4080

Please contact the following for questions regarding application:

Hannelore Snyder Brown (Scholarship Chair) brown.hannelore@gmail.com
Toya Laney tlaney@snydermf.org