

THE JOHN J. MINGENBACK MEMORIAL SCHOLARSHIP
at the
GOLDEN BELT COMMUNITY FOUNDATION

1) About the John J. Mingenback Memorial Scholarship:

The Mingenback family has created a scholarship fund for aspiring health practitioners, which encourages personal and professional commitment to the community.

“Dr. John,” as he was known to his many patients, embodied the characteristics of servant leadership. Always dedicated to the patient’s understanding of dental health and preventative care, Dr. John’s philosophy was one of serving his patients. Through 47 years of practice, he often knew three-to-four generations within a family who chose him for their dentist. This was the ultimate compliment to Dr John – and due to his ability to know his patients as friends – his family and community benefited.

Dr. Mingenback loved his patients, took an interest in their lives, eased their pain and followed Golden Rule throughout his career in the Golden Belt.

2) Am I eligible to apply?

The John J. Mingenback Memorial Scholarship Committee at the GBCF has determined the following criteria for eligibility:

- Must be from Barton County, Kansas
- Must be (or going to be) a full time undergraduate or graduate student at a university, community college, or tech school, with preference given to Kansas schools (exception granted when there is no Kansas school, i.e. Dentistry)

- Must be majoring in a health/medical related field
- Must have a minimum 3.0 GPA

3) What is the deadline to apply?

Application materials must be received or postmarked no later than March 31st of the year in which you are applying. All application materials must be sent together as a single packet and the application must be typed. No application will be considered after this date.

4) Is the application available online?

Yes. You may find the application at www.goldenbeltcf.org.

5) When will I find out if I have been awarded a scholarship?

Applicants will be notified by the Golden Belt Community Foundation around mid-May. Scholarships will be announced and awarded on an annual basis.

6) Are these scholarships taxable?

This award is to apply to direct college expenses, such as tuition, books, and fees. The recipient is responsible for any tax liability incurred as a result of this award. Monies received for tuition, fees, and books may not incur tax liability while monies applied to room and board may be considered taxable income. The GBCF will not provide tax information to the student or the Internal Revenue Service and the student is fully responsible for all tax reports.

7) If I am awarded a scholarship, how much will I receive?

One scholarship will be awarded at or around the \$500 level.

8) If I withdraw from school, what do I do about the scholarship?

A student who withdraws from school for any reason will be expected to notify the GBCF of his or her status and refund to the GBCF any unused, refundable portion of the scholarship.

9) Does the GBCF make the decisions about who is awarded a scholarship?

Yes. The GBCF has established a John J. Mingenback Memorial Scholarship Selection Committee. The committee is appointed by the GBCF.

10) If I am awarded a scholarship, do I get the check?

No. The GBCF will mail the entire amount of the award no later than the first of August directly to your school. One half of the award will be applied to the fall semester and half to the spring semester.

11) If I receive a scholarship for one year, will I automatically receive that award for the following year?

No. All of the scholarships are a one year award.

12) Do I need to send a copy of my parent’s IRS Form?

No. While financial need will be considered, the committee also is interested in your academic performance, community involvement, and activities.

13) What if I have further questions?

You may call the GBCF at (620) 792-3000 or email Susan Miller, Scholarship Coordinator, at gbcf@goldenbeltcf.org.

APPLICATION GUIDELINES AND CHECKLIST

Special Directions for the Grade Certification Form

High School Applicants are required to have an advisor fill out and sign the form to be included with their transcript.

College Applicants are required only to have an official transcript sent to the GBCF.

CHECKLIST

Application Guidelines: Carefully read this page to ensure your application form and other forms are complete and accurate.

Activities Form: Do not attach a résumé or additional pages; use only the page included in this application packet.

Letter of Recommendation: Ask evaluator to complete form and return it to you with their statement in a sealed envelope with evaluator's signature across the seal. Include the recommendation with all other application materials. Remember - parents, immediate family members, and school counselors are NOT eligible to write the letter of recommendation.

Grade Certification Form: High School Applicants - Have appropriate school official complete the form and return it with the other application materials.

Official Transcripts: High School AND College Applicants – Request transcripts that include grades from the most recently completed semester and send along with application materials.

Personal Essay: Essay must be typed in size 12 Times New Roman font.

The application form and personal essay should be completed only by the applicant.

Mail completed applications to:

Golden Belt Community Foundation
1307 Williams
P.O. Box 1911
Great Bend, KS 67530

Before completing this application, read the instructions. Complete all items below. If you are unable to provide the information requested, state the reason in the space provided or attach a letter of explanation. The applicant assumes responsibility for ensuring that all requested information is sent as a complete packet and is received or postmarked by the Golden Belt Community Foundation no later than March 31st, 2010. Faxes will not be accepted. The Foundation assumes no responsibility for procuring the information. The completed application should be sent to: Golden Belt Community Foundation, P.O. Box 1911, Great Bend, KS 67530 or our street address is 1307 Williams, Great Bend, KS 67530. Our telephone number is (620) 792-3000.

DR. JOHN J. MINGENBACK SCHOLARSHIP APPLICATION FORM - - - - - Academic Year 2010—2011
Application Deadline: March 31, 2010

Have you previously been awarded a scholarship from the Golden Belt Community Foundation? Yes No

If yes, what year were you previously awarded a scholarship? _____

Name: _____
Last First Middle Initial

Permanent Address: _____

Are you from Barton County? Yes No Email Address: _____

Date of Birth ____/____/____ Sex: Male Female

Home Telephone Number () _____-_____ Work Telephone Number () _____-_____

Are you currently enrolled as a full-time student at a college or university? Yes No

If yes, what is the name of the school? _____
What is your major and/or minor field of study? _____

If no, have you been accepted? Yes No Name of School: _____
What is your intended major field of study? _____

What class will you enter in the fall of 2010? Freshman Sophomore Junior Senior Graduate

Name of high school: _____ Cumulative GPA _____

Name of high school counselor: _____

High School Phone Number () _____-_____ Year of High School Graduation _____

If diploma attained via GED, indicate City/State and date obtained: _____

SAT Scores: Math _____ Verbal _____ Combined _____

ACT Scores: English _____ Math _____ Reading _____ Science _____ Composite _____

I have read the "Application Guidelines" page and understand submission procedures and deadline requirements.

Yes _____
Signature Date

No _____
Signature Date

ACTIVITIES FORM

Using only the space provided below, please list all extracurricular, community, and personal activities in which you have participated during the past three years, as well as activities you are planning for the current year. Include clubs, debate, student government, fine arts, volunteer work, youth programs, athletic programs, music, scouting, etc.

Activities Desigate whether high school (HS) or college (C) activity.	Participation By Year Fr So Jr Sr				Positions Held Identify Participant or Leadership Level or Position
Work Experience	Dates of Employment			Title	

GRADE CERTIFICATION FORM (*high school applicants only*)

This section is to be completed by an advisor/counselor. GPA information should be on a scale of 4.0. Only transcripts with fall semester information will be accepted.

Student's Name _____

School Name _____

At the close of the most recent semester, the applicant ranked _____ in a class of _____.

At the close of the most recent semester, the applicant's cumulative GPA was _____ on a scale of 4.0.

SAT Scores:
Verbal: _____
Math: _____
Combined: _____

ACT Scores:
English: _____
Math: _____
Reading: _____
Science Reasoning: _____
Composite: _____

Person completing this form: _____ Title: _____
(Please Print)

Signature: _____ Date: _____

AN OFFICIAL TRANSCRIPT INCLUDING MOST RECENTLY COMPLETED SEMESTER (FALL OF PREVIOUS YEAR) MUST ACCOMPANY THIS APPLICATION.

(If the school requires mailing an official transcript, the transcript may be mailed to the Golden Belt Community Foundation, P.O. Box 1911, Great Bend, KS 67530.)

PERSONAL ESSAY

Please use this space to let us know something about you that we might not learn from the rest of your application. We ask that your essay be TYPED in size 12 Times New Roman font and limited to the space provided.

I declare that this essay is my own work, and that all the information in my application is, to the best of my knowledge, correct.

Applicant's Signature

Date

LETTER OF RECOMMENDATION FORM

To Evaluator: The above named applicant is applying for a scholarship from the Golden Belt Community Foundation. Your evaluation is needed as part of the application process. The student has authorized you to release any information you feel would be helpful in reviewing his/her application. Your cooperation in providing this information is important to the selection of award recipients. On a separate page, please make a statement describing the applicant's character, school and community leadership abilities, potential to succeed, and evidence of the student's strengths and weaknesses, not to exceed one page in length. To insure confidentiality, please return this form and recommendation letter to the student in a sealed envelope with your signature across the seal.

I am writing this evaluation on behalf of: _____

Evaluator's Name: _____ Phone Number: (____) ____ - _____

Address: _____
Street or PO Box City State Zip

Relationship to applicant: _____ How long have you known applicant? _____

An evaluation received with a broken seal will be rejected. Please be sure to seal and sign the envelope and return to applicant in order that it may be included along with the application packet. Remember—parents, immediate family members, and school counselors are not eligible to write the evaluation.