CENTRAL PENINSULA HEALTH FOUNDATION

The Dr. Paul Isaak Memorial Scholarship Application

Established in honor of a life dedicated to the health and well-being of the people of the Kenai Peninsula.

DEADLINE: February 19, 2027

Purpose:

The Dr. Paul Isaak Memorial Scholarship is available to high school graduates of the Kenai Peninsula or who have completed their HSE or GED who plan to enter the field of health care. This includes those who have an interest in complementary or alternative medicine.

Complementary medicine: A group of diagnostic and therapeutic disciplines that are used together with conventional medicine. An example of a complementary therapy is using acupuncture in addition to usual care to help lessen a patient's discomfort following surgery.

Alternative medicine: is used in place of conventional medicine. An example of an alternative therapy is using a special diet to treat cancer instead of undergoing surgery, radiation, or chemotherapy that has been recommended by a physician.

This scholarship is intended to offset all or part of the cost tuition/registration fees and books.

Applicant Criteria:

-High School Senior with a minimum of 2.8 GPA or applicants that have completed a High School Equivalency (HSE) or a GED.
-Demonstrate financial need
-Must be a resident of the Kenai Peninsula Borough
-Must be accepted into a post-secondary education or training program

Awarding of Funds:

-Scholarships are awarded based on information provided with the application. The total amount available is $2,000 per award.
-Scholarship awardees will be notified directly by the Central Peninsula Health Foundation Dr. Paul Isaak Scholarship Committee.
-All scholarship awards are issued payable to the training institution.

INSTRUCTIONS FOR SCHOLARSHIP APPLICANTS:

1. All required application material must be submitted in one envelope. Submission in any other manner disqualifies your application.
2. Type or clearly print in black or blue ink only
3. Include a copy of an official transcript High School Transcript (College transcript also, if applicable)
4. It is recommended you mail your packet via Certified Mail/Return Receipt Requested to ensure your application is received or an application packet may also be hand delivered to the Central Peninsula Health Foundation office at Central Peninsula Hospital. **Deadline February 19, 2027**

APPLICATION FORM INSTRUCTIONS:

1. Personal data: Complete all requested information
2. Career and Professional Development Objective: to be completed as an essay. Response is critical to enable the Scholarship Committee to evaluate your career goals and professional development strategies.
3. Please use a separate sheet of paper, double-spaced, with your name and address as a header.
4. Please mail to:

Dr. Paul Isaak Scholarship Committee
ATTN: Kathy Gensel, Foundation Director
Central Peninsula Hospital
250 Hospital Place
Soldotna, AK 99669

For additional information, please call 907-714-4626 or email kgensel@cpgh.org.

PERSONAL DATA

Name_____
(First) (Middle Initial) (Last)

Home Address_____

City_____State_____Zip Code_____

Home Phone_____Alternate Phone(cell)_____

E-Mail Address_____Fax Number_____

Years attended school in the Kenai Peninsula Borough_____

Names of Parents_____

Number of siblings_____Ages of siblings_____

Number of siblings attending college now_____

Letter of Recommendation from (minimum of three): (Please attach to application)

Name	Occupation
_____	_____
_____	_____
_____	_____

EDUCATIONAL PROGRAM FOR WHICH SCHOLARSHIP IS REQUESTED

Type of Training Institution (college, technical school, course)

_____

Name of School or Program

_____

Address of School or Program

_____

Estimated starting date of class ____/____/____

FINANCIAL STATEMENT

College Expenses	Sources of Funds to Meet Expenses
Tuition_____	Savings_____
Housing_____	Part time work_____
Books_____	Parent contributions_____
Travel_____	Misc._____
	Other Scholarships_____

VOLUNTEER AND PHILANTHROPIC ACTIVITIES

Please list your **volunteer work** in chronological order starting with the most recent. You may add additional pages if needed.

Dates	Title or Position	Name of Organization	Responsibilities or Duties	#Months

Please list your **extra-curricular activities** in chronological order starting with the most recent. You may add additional pages if needed.

WORK EXPERIENCE

Please list any work experience in chronological order starting with the most recent. You may add additional pages if needed.

LEADERSHIP/AWARDS/HONORS/RECOGNITION

Please list any at school, work, or from volunteer organizations:

CAREER AND PROFESSIONAL DEVELOPMENT OBJECTIVE

This section is to be completed as an essay and must be written or printed on a separate sheet of paper, double-spaced, with your name and address as a header. Your response to this section is critical to the evaluation by the Scholarship Committee of your career goals and professional development strategies.

TERMS AND CONDITIONS:

I understand scholarship funds are to be used for expenses incurred only for the costs associated directly with my training such as registration fees, books and course fees. Should I be selected as a scholarship recipient, I agree to attend all classes. Failure to attend may result in the applicant's repayment to the Dr. Paul Isaak Memorial Scholarship program. I agree to have my name and photograph used in any publicity for the scholarship program.

I understand that this application must contain all requested materials and must be signed and dated and received by the Central Peninsula Health Foundation on or before the due date.

I understand that all funds will be made payable to the educational institution.

I understand that recipients are chosen by the Scholarship Committee and that committee members cannot comment on the contents of an application to any other individual. All applications will be held strictly confidential and no application material will be returned.

ACKNOWLEGEMENT BY APPLICANT: I hereby certify that all of the information documented here is accurate and completed to the best of my knowledge. I have read and understand the terms and conditions. I understand the decision of the Scholarship Committee in its selection of scholarship recipients is final.

Printed Name_____Date_____

Signature_____

DEADLINE: February 19, 2027