



**community**foundation  
*of* SOUTHEAST KANSAS

The Community Foundation of Southeast Kansas  
Scholarship Program

**Dr. Daniel and Mrs. Jeannette Minnis  
Oral Health Scholarship**

**Scholarship Overview:**

*The Dr. Daniel and Mrs. Jeannette Minnis Oral Health Scholarship was established in 2008 in honor of the Minnis' commitment to improving the health and wellbeing of citizens of southeast Kansas.*

**Scholarship Requirements:**

1. Applicants must be a 3<sup>rd</sup> year student enrolled in the pre-dental program/track at Pittsburg State University (PSU) in Pittsburg, Kansas.
2. The recipient must maintain a 3.0 cumulative grade point average on a 4-point scale. In the event the student's GPA falls below 2.5 for one semester, the student will not receive the scholarship the following semester.
3. The recipient must exhibit financial need.
4. The recipient must be willing to volunteer 20 hours per school calendar year (10 hours per semester) at the Community Health Center of Southeast Kansas Dental Clinic or at Accent Dental Clinic.
5. The recipient should be interested in a career path focusing on rural/underserved dental needs.
6. One-half of the scholarship will be awarded prior to the start of the fall semester and one-half prior to the spring semester.
7. In the event the student withdraws from his/her academic program after enrolling and receiving the scholarship money, he/she must return the money awarded for the semester in which the student withdraws.
8. Scholarship funds will be distributed through the Community Foundation of Southeast Kansas through which the Dr. Daniel and Mrs. Jeannette Minnis Oral Health Scholarship Fund is maintained.
9. Any relative of the donor or of the Advisory selection committee is not eligible to apply due to IRS regulations.



communityfoundation  
of SOUTHEAST KANSAS

Community Foundation of Southeast Kansas  
Scholarship Program  
**Dr. and Mrs. Daniel Minnis**  
**Oral Health Scholarship**  
Application Cover Page

Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Primary Email Contact \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Employment \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Employment \_\_\_\_\_

Brothers and Sisters (list names and ages) \_\_\_\_\_

Attach in one combined PDF document the following items to this cover page in the order listed:

1. Statement of why you are making an application for the scholarship.
2. Essay that describes your goals and aspirations beyond college.
3. Copy of your most recent academic transcript.
4. A list of financial assistance, including the amount, you have or plan to have for the upcoming school year, i.e. other scholarships, honors college, federal student aid, etc.

**Application Instructions:**

Submit application cover page with all required information in the **order listed, typed, one sided, and with no staples in one combined document.** Please return completed application, **email preferred**, to the Community Foundation of Southeast Kansas. Applications must be delivered electronically, hand delivered or postmarked no later than March 31.

**Applications must be received no later than March 31:**

Community Foundation of Southeast Kansas  
P.O. Box 1448, 100 S. Broadway, Suite 100  
Pittsburg, KS 66762  
sherri.stephens@southeastkansas.org