



### **Kellie McGinnis Memorial Scholarship**

The Kellie McGinnis Memorial Scholarship was established to honor the memory of Kellie McGinnis, who passed away on November 8, 2025, following a second battle with breast cancer.

Kellie graduated from Pymatuning Valley High School in 1987 and later went on to Lakeland College where she received her degree in nursing.

Kellie was a registered nurse, and she truly embraced nursing and serving others. Most of her career was with University Hospitals at Conneaut and Geneva Medical Centers. This is where she found her passion serving the communities of Ashtabula County.

She worked as a community outreach nurse, dedicating much of her time with the senior population and high school students educating them about healthy living and life skills.

She was the Chairperson for the annual UH Geneva Medical Center "Walk for the Cure."

As a breast cancer survivor herself she was very passionate about supporting those going through the same things that she had in 2016 and 2025. It was her honor to host a monthly cancer support group.

In honor of her legacy, a \$500.00 scholarship will be given to a promising student entering a post-secondary program in a health-related field of study.

#### **Application Requirements:**

- Must attend high school in Ashtabula County, Ohio
- Provide official high school transcript showing a GPA of at least 3.0
- Essay – Why you want to enter a healthcare field and what impact you will have
- Two references with phone numbers – (no relatives)
- Must be accepted as a full-time student at a college, university, or trade school program for Fall 2026

**Deadline for filing is May 31, 2026.** Incomplete or late applications will not be considered.

Members of the Scholarship Committee will review your application. Selection will be based on a student's academic accomplishments, leadership potential and commitment to the community.

#### **Applications should be mailed directly to:**

UH Conneaut Medical Center  
Attention: Lori Ann Vencill, RN, M.Ed., CDCES  
158 W. Main Rd.  
Conneaut, OH 44030  
For More Information: 440-593-0373

## Kellie McGinnis Memorial Scholarship Application

1. **DEADLINE** for scholarship applications is **May 31, 2026**.
2. Refer to application process below for a list of the supporting documents needed (i.e., evidence of GPA, etc.) Incomplete applications will not be considered.
3. If any question does not apply to you in this application, please put N/A in the space.
4. Print legibly - illegible applications will be returned to you.
5. You will be notified by phone in June 2026 regarding the status of your application.
6. If you have any questions about the application, contact [lori.vencill@uhhospitals.org](mailto:lori.vencill@uhhospitals.org) or call 440-593-0373. The scholarship was established in 2026. The mission of the scholarship is to provide financial assistance to individuals enrolled for undergraduate study in community colleges, trade schools and universities. The Scholarship targets healthcare related programs.

**FINANCIAL ASSISTANCE** is based on academic performance, leadership potential, and commitment to the community.

### SCHOLARSHIP AWARDS

Scholarships are awarded on the basis of a comprehensive review process. Areas that are reviewed by the Scholarship Committee include but are not limited to the following: Academic Accomplishments, Personal Essay, and References.

### CRITERIA

- Applicants must be completing or have completed high school successfully with a minimum unweighted GPA of 3.0 on a 4.0 scale.
- Applicants must be accepted as a full-time student at a college, university, or trade school program for the upcoming academic semester.
- Applicants must complete a maximum 250-word essay as to why they are choosing a health-related field and what impact they will have on others.

### TIMELINE

- Applicants are notified if awarded a scholarship by **June 30, 2026**.
- Scholarship funds of \$500.00 are paid directly to the student.
- The Family and Friends of Kellie McGinnis will present the scholarship to the recipient at the Annual UH Geneva Medical Center, "Walk for the Cure" – Sunday, September 20, 2026.

### Application Process

#### SCHOLARSHIP APPLICANTS MUST PROVIDE:

- Completed application form.
- Official high school transcript.
- List of two references with phone numbers.
- A maximum 250-word essay.
- A letter of acceptance from a college, university or vocational/technical school.

### SCHOLARSHIP AWARDS

- Award notification will be given in June 2026.

**Please mail application to:**

**UH Conneaut Medical Center  
ATTN: Lori Ann Vencill, RN, M.Ed., CDCES  
158 W. Main Rd.  
Conneaut, OH 44030**

**Kellie McGinnis Memorial Scholarship  
Application 2026**

Please <b>print</b> your answers below. A separate sheet of paper may be used if needed.			
1	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 5px;">Last Name: _____</td> <td style="width: 50%; border: none; padding: 5px;">First Name: _____</td> </tr> </table>	Last Name: _____	First Name: _____
Last Name: _____	First Name: _____		
2	Mailing Address: Street: _____ City: _____ State: _____ ZIP: _____		
3	Daytime Telephone Number: _____ Email address: _____		
4	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none; padding: 5px;">Current High School:</td> <td style="width: 30%; border: none; padding: 5px;">High School Graduation date:</td> </tr> </table>	Current High School:	High School Graduation date:
Current High School:	High School Graduation date:		
5	I will be attending the following school in the <u>Fall of 2026</u> : Name of Institution: _____ Address: _____ Phone: _____		
6	Will you be a full-time student? _____ (Minimum 12 hrs.)		
7	Grade Point Average (GPA): _____ (On a 4.0 scale) Attach proof of GPA; your most recent <b>official</b> high school transcript is required.		
8	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s): _____ Street: _____ City: _____ State: _____ ZIP: _____ Phone of parents or legal guardians: _____		
9	What specialty area do you plan to major in as you continue your education? _____		
10	List a minimum of two career goals: 1. _____ 2. _____		

Please list the following information on a separate sheet if needed.

11	<b>SCHOOL EXTRA-CURRICULAR ACTIVITIES:</b> Please list school extracurricular activities in which you have participated. Note leadership roles and dates.		
12	<b>References/Recommendations:</b> Please list two people for references/recommendations. You may include employers, family friends, community leaders, etc. Please do not include family members.  1. _____ Phone: _____  2. _____ Phone: _____		
13	<b>ORGANIZATIONS:</b> Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active.		
14	<b>RECOGNITIONS:</b> Please list awards and recognitions received. Please note organization presenting award.		
15	A. The following criteria must be met for the application to qualify for review by the Scholarship Committee. B. Your application will be returned to you if these items are not attached to this application. (No exceptions.) C. Circle "YES" or "NO" to be sure you have completed and attached each item as required.		
16	YES	NO	<b>Application complete</b>
	YES	NO	<b>List of two references</b>
	YES	NO	<b>Proof of college acceptance or current student enrollment.</b> A letter of college enrollment or program enrollment is required for receipt of funds.
	YES	NO	<b>Most recent <u>official</u> high school transcript.</b> Please include the transcript.
	YES	NO	<b>250 Maximum Word Essay</b>

### STATEMENT OF ACCURACY

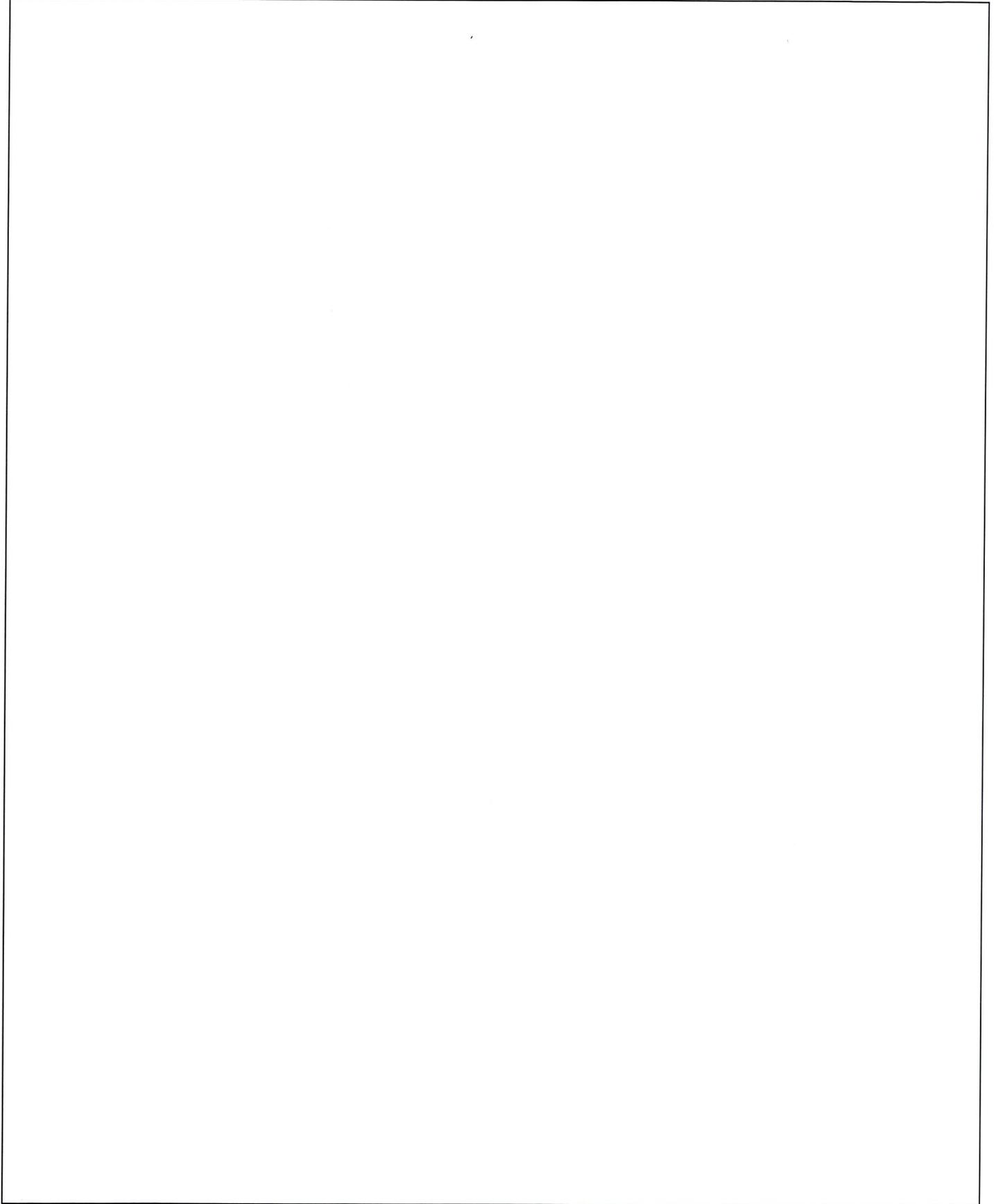
I hereby affirm that all the above stated information provided by me to the Scholarship Committee is true, correct and without forgery. I also agree that my picture may be taken and used for any purpose deemed necessary to promote the Kellie McGinnis Memorial Scholarship Program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the institution of my choice before scholarship funds can be awarded.

Signature of Scholarship Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Essay – Please address why you want to enter a healthcare field and what impact you believe you will have.

Maximum of 250 Words

A large, empty rectangular box with a thin black border, intended for the student to write their essay response. The box occupies most of the page below the instructions.