

KRALICK FOUNDATION SCHOLARSHIP

SCHOLARSHIP APPLICATION

About

Purpose of scholarship awards: To support the growth of medical education and research in Alaska for undergraduate and graduate students.

Selection Criteria: Scholarships are based on student achievement and the desire to practice in Alaska.

Scholarship Amount: Scholarships will vary based on the degree program and school enrolled as well as funds for distribution in the given year. Scholarships will be applied equally per semester.

Renewals: Scholarship recipients are eligible to have their scholarship renewed for three successive annual renewal periods. To be eligible for renewal a recipient must;

- A. Be considered a full-time student by the school, and
- B. Maintain a minimum "3.0" grade point average ("GPA").

A. Application Filing and Deadlines

1. Applications will be accepted throughout the year and will be reviewed prior to standard academic semesters.
 - a. Semesters beginning in August, must have applications submitted by April 15th.
 - b. Semesters beginning in January, must have applications submitted by September 15th.
 - c. Semesters beginning in May, must have applications submitted by January 15th.
2. Renewal applications require a copy of the most recent available transcript, but do not require a new essay.
3. Incomplete applications will not be considered.
4. Please send completed applications to the following:

Mail to: The Kralick Foundation, Inc.
c/o The Planning Group of the Northwest
3800 Centerpoint Drive; Suite 1120
Anchorage, AK 99503

email to: jraymon@rwbaird.com
rbunnell@rwbaird.com
btraini@rwbaird.com

[Email Now](#)

(phone) 907-677-8300

KRALICK FOUNDATION SCHOLARSHIP

B. Personal Data

Full Name (<i>First Middle Last</i>):	
Telephone Number:	
Email:	
School where you have been accepted:	
Degree which you are pursuing:	
Student Identification Number:	
Physical Address including ZIP code:	
Mailing Address (if different):	

Continues next page.

KRALICK FOUNDATION SCHOLARSHIP

D. Authorizing Signature

To the best of my knowledge and belief, I attest that the information contained in this Scholarship Application is true, correct, and complete. I understand that this application does not commit the trust to award a scholarship or to pay any costs incurred in the submission of the application. Decisions of the Foundation are final.

Applicant Signature

Date

[Email Now](#)