



WellCare of Kentucky Offering Academic Scholarships

Scholarship Request Form

You must meet the below criteria to be eligible for a scholarship:

- Be a current active member
- Complete the below Scholarship Request Form (all areas must be completed)
- Must graduate from high school with at least a 3.0 grade point average; **OR**
- Receive your GED with a score of 600 or higher; **OR**
- Receive a minimum SAT score of 1080, **OR** a score of 20 or higher on the ACT
- Selected members must submit proof that they are continuing their education at a college or university

Restrictions

- One \$1,000 scholarship per person per lifetime
- WellCare will award 50 scholarships for \$1,000 each per winner
- A limited number of scholarships will be awarded
- The scholarship recipient must submit proof that they are a full-time student at a college or university to receive the second payment

Member ID _____

Name _____

Address _____

High School attended (proof is required) _____

College or University attending (proof is required) _____

Members will be chosen on a first-come, first-serve basis. Thank you for your interest in the program. Please send an e-mail to **CaidProdMgmt@wellcare.com**. The form can be faxed to us at 1-888-338-3373, or mailed to: PO BOX 31419, Tampa, FL 33633



WellCare of Kentucky complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-389-9457** (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-389-9457** (TTY: **711**).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-877-389-9457** (TTY: **711**)。

