

Scholarship Request Form

WellCare of Kentucky is giving academic scholarships to enrollees who plan to attend a college or university. Every year, WellCare awards 50 scholarships of \$1,000 each.

To apply for a scholarship, you must:

- Be a current WellCare of Kentucky enrollee.
- Fill out all areas of the Scholarship Request Form below.
- Be graduating from high school OR getting your GED.
- Submit proof that you are enrolled at a college or university.

Restrictions:

- Enrollees are chosen on a first-come, first-serve basis.
- One \$1,000 scholarship per person per lifetime.
- The recipient must send proof that they are a full-time student at a college or university. A copy of the student's registration must be sent with this form.

Enrollee ID: _____

Name: _____

Address: _____

College or university attending (please include copy of registration): _____

Student ID number for the college / university: _____

Address of the college / university: _____

Address of the registrar's office at college / university: _____



Please send this form via email to **CaidProdMgmt@wellcare.com** or via fax to **1-888-338-3373**.
Thank you for your interest.

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, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. Llame al **1-877-389-9457** (TTY: **711**).

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

