

# WellCare of Kentucky Offering Scholarships



## ELIGIBILITY REQUIREMENTS

- ✓ Be a current active enrollee.
- ✓ Fill out the Scholarship Request Form on the other side of this flyer.  
(All areas must be completed.)
- ✓ Must graduate from high school **OR** have your GED.
- ✓ Selected enrollees must submit proof that they are continuing their education at a trade school, college, or university.



## RESTRICTIONS

- One \$1,000 scholarship per person per lifetime.
- WellCare will award 50 scholarships for \$1,000 per year.
- Scholarship payment will be sent directly to the Registrar's Office at the school.
- The scholarship recipient must submit proof that they are a full-time student at a trade school, college, or university for payment.

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## SCHOLARSHIP REQUEST FORM

Enrollee ID: \_\_\_\_\_

Valid enrollee phone number: \_\_\_\_\_

Enrollee Address: \_\_\_\_\_

High School attended (*proof is required*): \_\_\_\_\_

Trade school, college, or university attending (*proof is required*): \_\_\_\_\_

Student ID: \_\_\_\_\_

Registrar's Office mailing address: \_\_\_\_\_

Registrar's Office phone number: \_\_\_\_\_

Enrollees will be chosen on a first-come, first-serve basis. Thank you for your interest in the program. Scholarship payment will be sent to the attending school. Please send an e-mail to **CaidProdMgmt@wellcare.com**. The form can be faxed to us at **1-888-338-3373**.

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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**)。