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.

(continued on back)

CAD_4433652 State Approved 10082025

4733652_KY5CADFLYENG_M_KYCAID

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**.
