



## Grinnell Regional Medical Center Auxiliary 2017 - 2018 Healthcare Career Scholarship

The Auxiliary of Grinnell Regional Medical Center, recognizing the continuing need for qualified healthcare professionals, announces \$2,000 worth of scholarships to be awarded for the 2017-2018 school year.

### **Prerequisites for consideration of scholarship applicants are:**

1. These scholarships will be awarded to persons planning to pursue an education or further education in the healthcare field.
2. The applicant should be a permanent resident of the Grinnell Regional Medical Center service area.
3. The applicant should be of high character and emotional stability as attested by two letters of recommendation from the applicant's school principal or guidance counselor, a healthcare professional, minister, employer or other reputable persons in the applicant's community.
4. The applicant must complete an application (including personal statement-typed) and submit a letter of acceptance or progress from an academic institution.
5. Recommendation forms may be included with the application or sent directly to the Auxiliary Scholarship Committee.
6. The Auxiliary Scholarship Committee will review the applications and may, if possible, arrange for a personal interview with the applicant. The selection of scholarship recipients will be based on a combination of the applicant's desire for a healthcare career, financial need, scholastic ability, and character.

### **Conditions of the Scholarship:**

These are one-year scholarships to be used for tuition, board, room, books and related expenses. Scholarship fund payments will be made upon receipt of proof of enrollment. Scholarship funds will be paid to the recipient in one installment within the year of the grant, the date depending on the beginning of the recipient's classes for each term or semester. If the recipient does not enroll in school, repayment is due the Auxiliary. If recipient withdraws from school, part or all of the scholarship money is refunded. That money shall be due the Auxiliary. The scholarship is an outright grant, not a loan.

Applications and letters of recommendations must be received by **Friday, March 10, 2017**, to be eligible for 2017- 2018 scholarship consideration.

**Incomplete or late applications will not be considered.**

**Review the checklist above Section A before submitting your application.**

### **For additional information, contact:**

Jeanette Budding, 641-236-2590 or [jbudding@grmc.us](mailto:jbudding@grmc.us)

**Please complete all parts of this application where applicable.**Check section **B OR C** only, not both.

Completed	Section	Description
<input type="checkbox"/>	<b>A</b>	Applicant information.
<input type="checkbox"/>	<b>B</b>	To be filled out by applicant who is <b>entering</b> college from high school or who is financially dependent.
<input type="checkbox"/>	<b>C</b>	To be filled out by applicant who is a <b>returning</b> student or an adult continuing his/her education.
<input type="checkbox"/>	<b>D</b>	A short essay (200 words or less) describing why you chose to major in a healthcare field of study, and what you hope to accomplish with your degree.
<input type="checkbox"/>	<b>E</b>	Your reason for wanting and needing this scholarship. Why you hope to win this scholarship from the Auxiliary; What this gift would mean to you financially; and How it will help you accomplish your goals?
<input type="checkbox"/>	<b>F</b>	Have two Scholarship Recommendation forms completed and returned to Volunteer Coordinator, Scholarship Committee by <b>March 10, 2017</b> .
<input type="checkbox"/>	<b>G</b>	Letter of acceptance by the college.

**Return this application by Friday, March 10, 2017 to:**

**GRMC Auxiliary Scholarship Committee**  
**c/o Jeanette Budding**  
**210 Fourth Avenue**  
**Grinnell, Iowa 50112**

**Section A: Applicant Information**

Applicant's Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

High School: \_\_\_\_\_ College Choice: \_\_\_\_\_

GPA: \_\_\_\_\_ GPA: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Major: \_\_\_\_\_

Total annual projected financial needs for the school year (include tuition, room, board, books etc.):

\$ \_\_\_\_\_

## Section B: Dependent Application

**To be filled out by applicant entering college from high school or who is financially dependent on parent/caregiver/guardian.**

Father's/Guardian's Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and ages of siblings/other dependents living under same roof:

\_\_\_\_\_

How many dependents are parents supporting in college?

\_\_\_\_\_

Parent's income per year: (please check one)

\$15,000-\$25,000     \$25,001-\$35,000     \$35,001-\$50,000     \$50,001-\$80,000

Were you a dependent on your parent's current income tax filing?

Yes     No

Applicant's income per year if above answer is "No".

\$5,000-\$15,000     \$15,001-\$25,000     \$25,001-\$30,000+

Please list leadership roles, community involvement, memberships, and honors you have received:

Please include any other things about yourself that may be of interest to the selection committee, such as internships or additional experiences you have had.

### Section C: Returning Student/Adult Application

To be filled out by applicant who is a returning student or an adult continuing his/her education.

#### APPLICANT'S EMPLOYMENT HISTORY

Current Employer	Address	Phone Number	Years
Previous Employers			

Spouse's Name (if applicable): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and relationship of dependents living under same roof:

\_\_\_\_\_

Total family income per year: (please check one)

\$15,000-\$25,000     \$25,001-\$35,000     \$35,001-\$50,000     \$50,001-\$80,000

Please list leadership roles, community involvement, memberships and honors you have received.

Please include any other things about yourself that may be of interest to the selection committee, such as internships or additional experiences you have had.

## Section D

**A typed essay (200 words or less) describing:**

*Why you chose to major in a healthcare field of study, and what you hope to accomplish with your degree?*

## Section E

**A typed essay (200 words or less) describing:**

*Why you hope to win this scholarship from the Auxiliary; what this gift would mean to you financially; and how it will help you accomplish your goals?*

## Section F: Scholarship Recommendations

**Character References:** It is the responsibility of the applicant to ensure the scholarship committee receives the references from the following persons. Please list below the persons you have asked to make a scholarship recommendation on your behalf.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_