Clarke County Hospital Auxiliary
Healthcare Career Scholarship Program
Application Form for $1,500 Scholarship
Application Form Deadline – 4:30 p.m., Saturday, April 15, 2023

NOTE: *The Clarke County Hospital (CCH) Auxiliary Healthcare Career Scholarship program is open to residents attending a Clarke County school or persons who work in a medically related field in Clarke County. Typically, the Auxiliary awards 3 scholarships per year. The program is a competitive process and all eligible applications may not receive funding. Incomplete applications will not be considered. Recipients are asked to make an appearance at the Auxiliary Golf Tournament. This year's tournament is July 21, 2023.*

Please type or print.

PROGRAM TYPE

Indicate the program in which you are enrolled or to which you have been accepted.

- ❒ Clinical Laboratory Scientist/ Medical Technologist
- ❒ Clinical Laboratory Technician/ Medical Lab Technician
- ❒ Nurse Anesthetist
- ❒ Nursing (RN)
- ❒ Nursing (LPN)
- ❒ Nursing Assistant
- ❒ Occupational Therapist
- ❒ Pharmacist
- ❒ Pharmacy Technician
- ❒ Physical Therapist
- ❒ Physical Therapist Assistant
- ❒ Registered Radiological Technologist Discipline _____
- ❒ Respiratory Therapist
- ❒ Surgery Technician
- ❒ Ultrasound Technologist
- ❒ Other:_____

APPLICANT INFORMATION

Name: (Last, First, Middle Initial)			
Maiden Name/Other Names Used		Telephone #( )	
Current Mailing Address (Street, Apt #)	City	State	Zip
E-mail Address:			
Permanent Mailing Address (Street, Apt #)	City	State	Zip

Where do you want scholarship correspondence sent *(check all that apply)*? ❒ E-mail ❒ Current Address ❒ Permanent Address

EDUCATION

College/University of the program in which you are enrolled or to which you have been accepted:

Circle the highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4

High School Attended and Location:			Graduation Date:	
College/University Attended and Location	Dates Attended:	Hours	Graduation Date:	Degree Earned:
College/University Attended and Location	Dates Attended:	Hours	Graduation Date:	Degree Earned:
College/University Attended and Location	Dates Attended:	Hours	Graduation Date:	Degree Earned:

If additional space is needed, please attach a separate sheet.

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ENROLLMENT

Name of Institution:	Address (Street, City, State, Zip):	
Name of Contact Person:	Title of Contact Person:	Telephone: ( )
Academic Year Applied For:	Student's Current Year in the Program:	Program Start Date:	Projected Graduation Date:

CLOSEST LIVING RELATIVE

Name (Last, First, Middle Initial):	Relationship:	Telephone: ( )	
Street, Apt. #	City	State	Zip

EMPLOYMENT

Are you currently employed? ❒ Yes ❒ No	Start Date	May we contact you at work? ❒ Yes ❒ No	Work Telephone: ( )
If yes, name and address of employer		Do you plan to remain with this employer? ❒ Yes ❒ No	

PERSONAL STATEMENT AND ADDITIONAL INFORMATION

Please attach a typewritten personal narrative, not to exceed 300 words, about why you chose the health related field you are entering, your career goals, an explanation of why you need the scholarship, and any extra ordinary factors which should be considered by the committee.

Submit transcript from current academic year, extracurricular, community or healthcare activities. Indicate the scope of each activity and your level of participation.

APPLICANT

Mail the original completed application to Clarke County Hospital Auxiliary Scholarship co-Chairperson, Evelyn Pritchard, 318 South Adams, Osceola, IA 50213. *Questions regarding the application and selection process should be directed to Tom Bahls at 641-342-5489.*

If you would change your intentions to pursue a medically related field, please notify the Clarke County Auxiliary Scholarship Chairperson immediately. For undergrads, the scholarship will be issued in 2 payments ($500 for each semester). For continuing education students, the payment will be issued as approved by the Auxiliary Board of Directors.

Signature of Applicant:	Date:

Clarke County Hospital Auxiliary