

Clarke County Hospital Auxiliary
 Healthcare Career Scholarship Program
 Application Form for \$1,000 Scholarship
 Application Form Deadline – 4:30 p.m., Saturday, April 17, 2021

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 9, 2021.

Please type or print.

PROGRAM TYPE

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Clinical Laboratory Scientist/
Medical Technologist | <input type="checkbox"/> Nursing (LPN) | <input type="checkbox"/> Physical Therapist Assistant |
| <input type="checkbox"/> Clinical Laboratory Technician/
Medical Lab Technician | <input type="checkbox"/> Nursing Assistant | <input type="checkbox"/> Registered Radiological Technologist
Discipline _____ |
| <input type="checkbox"/> Nurse Anesthetist | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Nursing (RN) | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Surgery Technician |
| | <input type="checkbox"/> Pharmacy Technician | <input type="checkbox"/> Ultrasound Technologist |
| | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> 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.



**Clarke County
Hospital Auxiliary**

Clarke County Hospital Auxiliary
 Healthcare Career Scholarship Program
 Application Form for \$1,000 Scholarship
 Application Form Deadline – 4:30 p.m., Saturday, April 17, 2021

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 <input type="checkbox"/> No	Start Date	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Telephone: ()
If yes, name and address of employer			Do you plan to remain with this employer? Yes <input type="checkbox"/> 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				
<i>Mail the original completed application to Clarke County Hospital Auxiliary Scholarship Chairperson, Julie Wilken 1007 Lakeshore Drive, Osceola, IA 50213. Questions regarding the application and selection process should be directed to Julie Wilken at 641/342-4566 or Tom Bahls at 641/342-5489.</i>				
<i>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.</i>				
Signature of Applicant:			Date:	

