

Jackson County Regional Health Center Auxiliary Scholarship Guidelines

PURPOSE: To provide scholarships to eligible students (graduating seniors) in the Jackson County Regional Health Center service area who are pursuing a degree in one of the health fields listed below.

Physical Therapy	Speech Therapy
Respiratory Therapy	Occupational Therapy
Radiology	Laboratory

1. Applications will be available February 1st from high school counselors, JCRHC switchboard, or accessed at the JCRHC website.
2. The applicant must have been approved for admission from an accredited Iowa school, in his/her chosen health field. Applicants must have a 3.0 grade point.
3. The application must be completed – signed and returned to JCRHC Administration Office by April 1st, postmarked by March 31st.

The number and amount of the scholarship(s) will be determined by the money available. The cashier check(s) will be written to both the school and the student.

JCRHC Auxiliary Scholarship Committee: Joy Eichhorn, Jamie Slouha, Sylvia Hovey

Place all forms together in one packet and either mail, with sufficient postage, postmarked by March 31st, to:

JCRHC Auxiliary Scholarship Committee
c/o Administration Office
601 Hospital Drive
Maquoketa, Iowa 52060

Or

Packet may be returned to Jackson County Regional Health Center Administration Office personally.
Must be returned by April 1st, to be considered.

Late packets and/or packets with postage due will be disqualified.

JACKSON COUNTY REGIONAL HEALTH CENTER AUXILIARY SCHOLARSHIP APPLICATION

APPLICANT INFORMATION

Applicant Name _____ Birth date _____

Address _____ Phone _____

E-mail Address _____

EDUCATION INFORMATION

High School Attended _____

Date of Graduation _____ Grade Point _____

ACT score _____ SAT score _____ Date taken _____

College you plan to attend or are enrolled in _____

Location _____

Course you plan to pursue in college _____ Full Time (>12 hrs.) Part Time (<12 hrs.)

Years Required _____ Approximate date of completion _____ Number of credit hours _____

****A transcript of grades must accompany this application****

High school graduates (first year applicants) must supply a high school transcript. College students must provide a college transcript.

FINANCIAL INFORMATION

List your sources and amounts of income for the school year (savings, parents, work study, other scholarships, etc)

Do you have a plan for gaining additional funding?

Complete this section if dependent of parents

Number of children in the family _____ Number of dependent children _____

Ages of dependent children _____

Number of dependents now in college _____

ADDITIONAL INFORMATION

Do you have any special needs that should be considered?

The name of the healthcare provider and hospital you use:

Would you have any interest in returning to this area for employment after you obtain your degree?

PERSONAL LETTER

The personal letter should express your reasons for applying for this scholarship, your future goals, high school interests & activities, any honors received, and your interests outside the school environment.

LETTERS OF RECOMMENDATION

Enclose **two (2)** written recommendations from persons who are acquainted with you, such as a high school principal, counselor, teacher, college advisor, employer, minister, or family acquaintance.

No family members may write a recommendation. The letters must be dated.

I understand that should I, as an applicant, receive this scholarship, and do not attend school during this scholarship year, I shall forfeit the scholarship. If a change in plans is made after this application has been made, and the school year begins, I will notify the Auxiliary Scholarship Committee immediately. Any monies awarded before change is acknowledged, or school year not finished, must be returned to the Scholarship Fund.

Applicant Signature

Parent/Guardian Signature

Date

Date