

# Jackson County Regional Health Center Auxiliary Melba Kunde Scholarship Guidelines

**PURPOSE:** To provide scholarships to eligible 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> year or equivalent students, in nursing and related health fields, in the Jackson County Regional Health Center (JCRHC) service area.

Eligible nursing & health related fields:

<b>Nursing</b>	
<b>Physical Therapy</b>	<b>Speech Therapy</b>
<b>Respiratory Therapy</b>	<b>Occupational Therapy</b>
<b>Radiology</b>	<b>Laboratory</b>

1. Applications will be available February 1<sup>st</sup> from the JCRHC switchboard or accessed at the JCRHC website.
2. The applicant must have completed a year of secondary education with a GPA of 3.0 or above, from an accredited Iowa school, in his/her chosen field. **Please include college transcript.**
3. The application must be completed – signed and returned to the JCRHC Administration Office, postmarked by **March 31<sup>st</sup>, 2026**.

The number and amount of the Scholarship(s) will be determined by the money available.

Melba Kunde Scholarship Committee: Joy Eichhorn, Lana Flagel, Jamie Slouha

Place all forms together in one packet and either mail, with sufficient postage, postmarked by March 31<sup>st</sup>, 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 1<sup>st</sup>, to be considered.

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

# JCRHC Auxiliary Melba Kunde Scholarship Application

## APPLICANT INFORMATION

Applicant Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of Parent/Guardian: (if applies) \_\_\_\_\_

Marital Status       single       married       divorced       widow

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

Dependents       yes       no      Ages \_\_\_\_\_

## EDUCATION INFORMATION

High School Attended \_\_\_\_\_ GPA \_\_\_\_\_

College or University you are attending \_\_\_\_\_ GPA \_\_\_\_\_

Course of study you are pursuing \_\_\_\_\_ GPA \_\_\_\_\_

Approximate Graduation Date \_\_\_\_\_

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

## FINANCIAL INFORMATION

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

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Do you have a plan for gaining additional funding?

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**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 \_\_\_\_\_

## PERSONAL LETTER

*A typed, current personal letter must accompany this application. Please express your reasons for applying, future goals, interests & activities, any honors received, and your interests outside of the school environment.*

## REFERENCES

*Enclose two (2) written, dated letters of reference from a current teacher, employer, mentor.  
No family members may write a recommendation.*

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*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 the application has been made, and the school year begins, I will notify the JCRHC Melba Kunde Auxiliary Scholarship Committee immediately. Any monies awarded before change is acknowledged, or school year not finished, must be returned to the Scholarship Fund.*

*I certify that the information in this application is true and correct to the best of my knowledge.*

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Signature (Applicant)

Date

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Signature (Parent/Spouse) if applies

Date

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Scholarship Committee Member

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Date

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Scholarship Committee Member

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Date

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Scholarship Committee Member

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Date