

Jackson County Regional Health Center Auxiliary Melba Kunde Scholarship Guidelines

PURPOSE: To provide scholarships to eligible 2nd, 3rd, 4th 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:

	Nursing	
Physical Therapy		Speech Therapy
Respiratory Therapy		Occupational Therapy
Radiology		Laboratory

1. Applications will be available February 1st 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 31st, 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 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.

JCRHC Auxiliary Melba Kunde Scholarship Application

APPLICANT INFORMATION

Applicant Name _____ Birth date _____

Address _____ Phone _____

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)

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 _____

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.

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.

Signature (Applicant)

Date _____

Signature (Parent/Spouse) if applies

Date _____

Scholarship Committee Member

Date _____

Scholarship Committee Member

Date _____

Scholarship Committee Member

Date _____