

# 2017 Auxiliary Human Medical Field Scholarship Application

709 West Main Street, PO Box 359, Manchester, IA 52057-0359

**Application Deadline: Postmarked by March 31, 2017.**

**Applicant's Name:** \_\_\_\_\_  
Last Name First Name Middle Initial

**Maiden Name/Other Names Used** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **IA** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_  
Mailing Address City State Zip

**Dependent Student:** Please provide the following household information.

**Name of Parent or Guardian** (if living at home) \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Father's Occupation:** \_\_\_\_\_ **Mother's Occupation:** \_\_\_\_\_

**# of Brothers/Sisters:** At Home \_\_\_\_\_ In College \_\_\_\_\_ **Total number of members in your family** \_\_\_\_\_

**Independent Student:** Please provide the following household information.

**Name of Spouse** (if married) \_\_\_\_\_

**Your Occupation:** \_\_\_\_\_ **Spouse Occupation:** \_\_\_\_\_

**# of Dependent Children:** At Home \_\_\_\_\_ In College \_\_\_\_\_ **Family/Number of Dependents:** \_\_\_\_\_

**High School:** Year of Graduation \_\_\_\_\_

**Name & Address of High School** \_\_\_\_\_

▶ **Attach most recent School Transcript indicating GPA, Class Rank and Class Size, ACT results and/or SAT results.**

**Post Secondary Information:** *if applicable* Program for 2018: \_\_\_\_\_

**Iowa Educational Institution Attending:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Dates Attended:** \_\_\_\_\_ **Hours Completed:** \_\_\_\_\_ **Year of Graduation:** \_\_\_\_\_

▶ **Attach most recent Post-Secondary Transcript.**

**Current Employment:** *if employed* Name of Business: \_\_\_\_\_

**Address:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Healthcare Career Enrolled In or Accepted for 2017-2018** \_\_\_\_\_

**Iowa Educational Institution You Will Attend** \_\_\_\_\_

**College Address** \_\_\_\_\_

**On a separate sheet of paper prepare a typed personal statement addressing each of the following items:**

- 1.) Career aspirations relative to this field of study
- 2.) Personal goals and reasons for choosing healthcare as a profession
- 3.) Need for financial assistance including financial aid you anticipate receiving
- 4.) Participation in extracurricular activities and community involvement

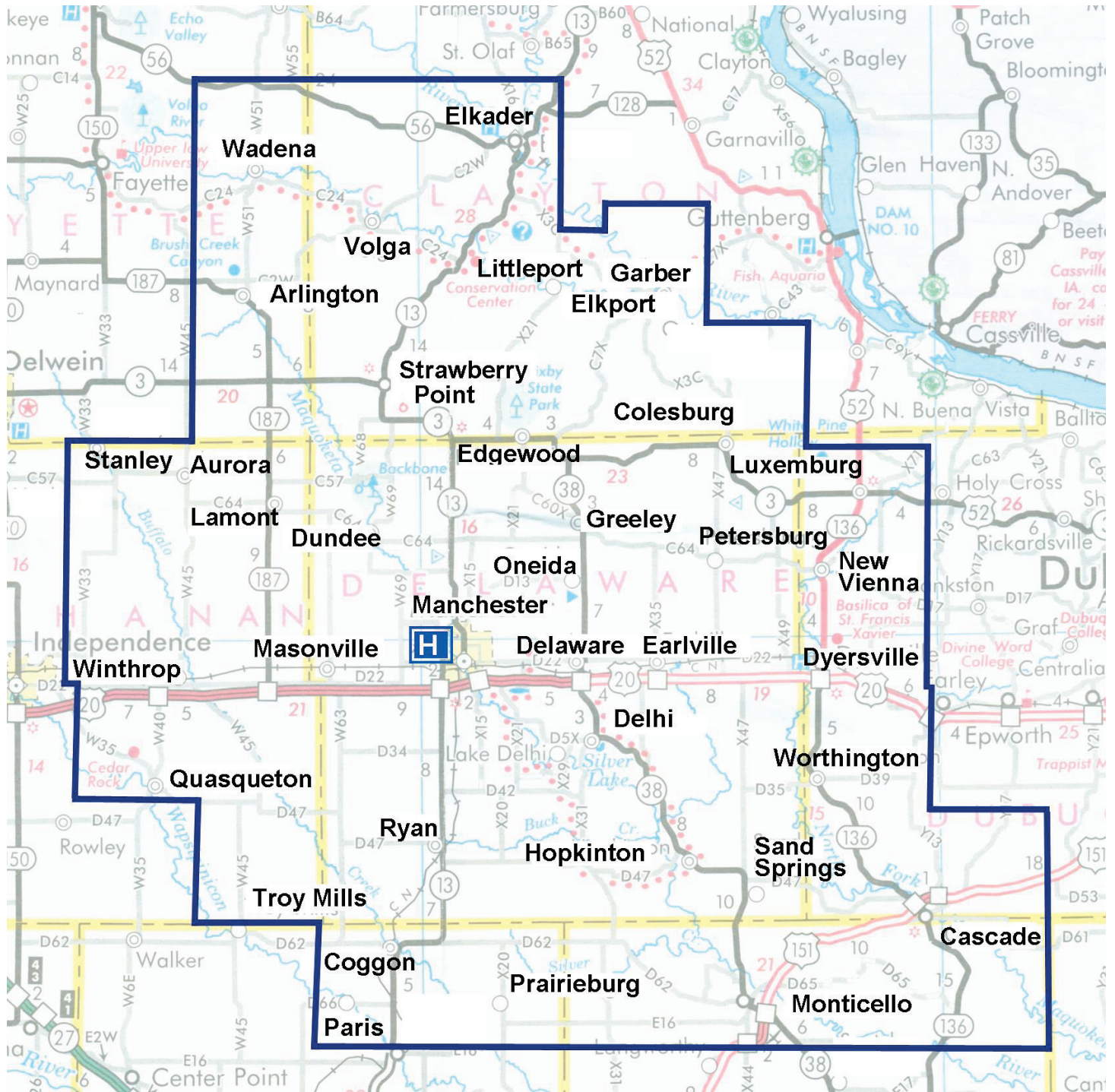
**References:** Please list below and provide 3 personal references from someone other than your immediate family.  
(See attached forms)

1. Name \_\_\_\_\_ Reference type \_\_\_\_\_
2. Name \_\_\_\_\_ Reference type \_\_\_\_\_
3. Name \_\_\_\_\_ Reference type \_\_\_\_\_

Applicants are responsible for seeing that references are returned by deadline.

(over)

**Applicant's permanent address must be within Regional Medical Center's service area. Reference [www.regmedctr.org](http://www.regmedctr.org) for specifics.**



The scholarship will be paid at the beginning of the second semester, after successful completion of the first semester as indicated upon receipt of an Official Transcript from the **Iowa** College attended.

Return the completed application to: Regional Medical Center  
Attn: Marcia Burkle, Auxiliary Scholarship Committee  
709 West Main Street, PO Box 359  
Manchester, IA 52057-0359

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**Reference Form**

To be completed by applicant
 <hr/> <b>Printed Applicant Name</b>  <hr/> <b>Printed Name of Reference</b>

To be completed by reference					
How well do you know the applicant? <input type="checkbox"/> Very well <input type="checkbox"/> Fairly well <input type="checkbox"/> Minimally <input type="checkbox"/> Unknown					
How long have you know the applicant?					
Identify your association with the applicant. <input type="checkbox"/> Instructor <input type="checkbox"/> Academic Advisor <input type="checkbox"/> Employer/Supervisor <input type="checkbox"/> Community/Organization					
Personal Traits/Skills	Exceptional	Above Average	Average	Below Average	Not Able to Respond
Citizenship					
Character					
Reliability					
Leadership					
Decision-making ability					
Organizations Skills					
Communication Skills					
Positive Attitude					

If possible, please provide specific examples where you have observed the applicant demonstrate these personal traits/skill. You may continue on back of this sheet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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<b>Personal Traits/Skills</b>	Exceptional	Above Average	Average	Below Average	Not Able to Respond
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