

2018 Auxiliary Human Medical Field Scholarship Application

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

Application Deadline: Postmarked by March 31, 2018.

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 _____ **Family/Number of Dependents:** _____

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 2018-2019 _____

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

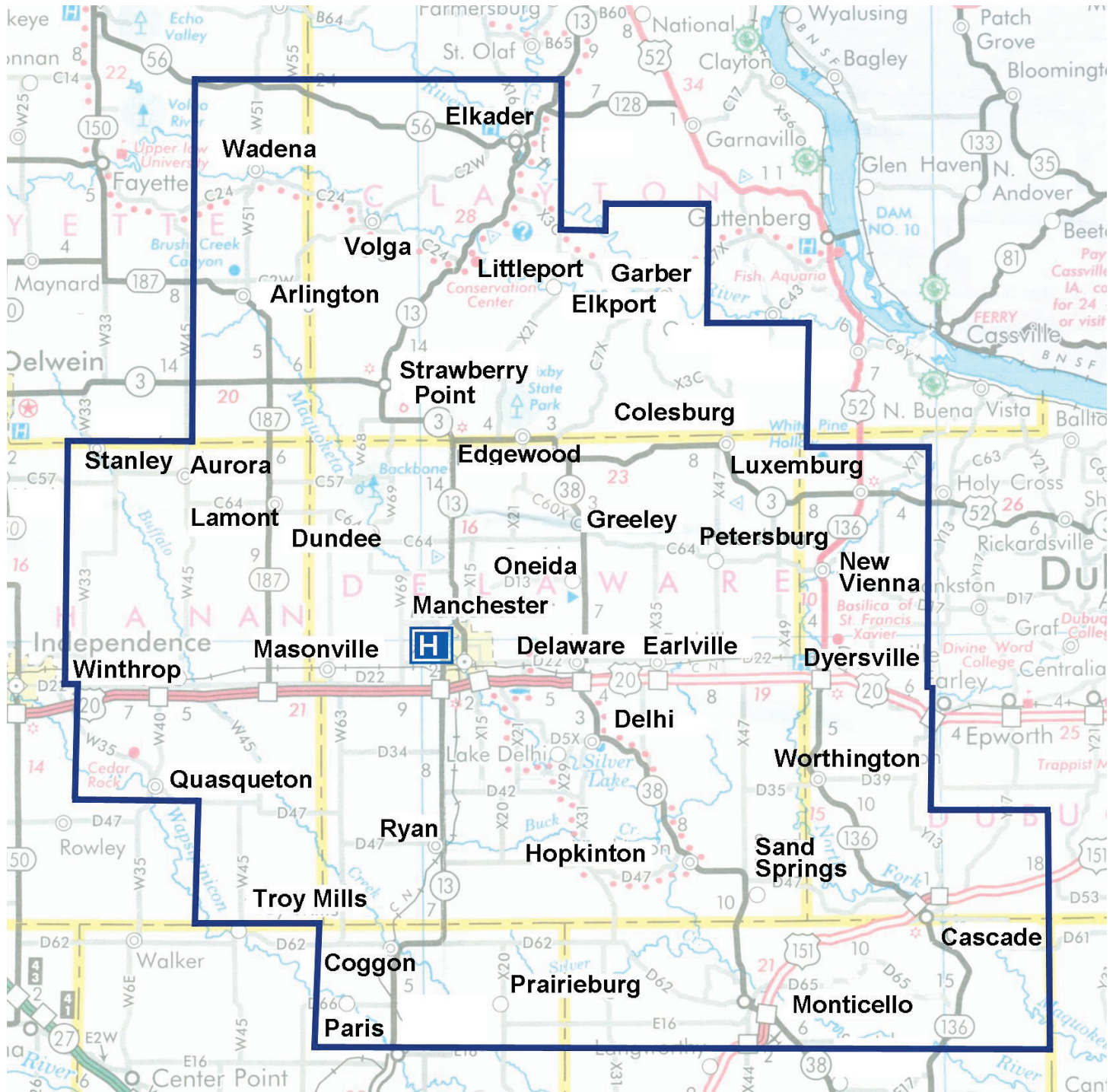
References: Please list below and provide 3 personal references from someone other than your immediate family.
(See attached forms)

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 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: Jody Hatfield, MPA, Volunteer/Support Manager
709 West Main Street, PO Box 359
Manchester, IA 52057-0359

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Reference Form

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

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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