



Name: _____ Date: _____

Address: _____ Phone: _____

High School: _____

Parents' or Guardians' names: _____

Please list any involvement / affiliation with Jones Regional Medical Center:

School activities: _____

Community activities: _____

Special awards or honors you have received: _____

Discuss your future plans to pursue a healthcare related field or career and why you deserve this scholarship (200 words or less): _____

Please return your completed scholarship application, along with a letter of recommendation from a non-family member no later than March 31 to pamela.goodyear@unitypoint.org or mail to JPMC 1795 Hwy 64 E Anamosa, IA 52205. Feel free to use additional pieces of paper if needed. Thank you.