

VAN DIEST MEDICAL CENTER HOSPITAL AUXILIARY SCHOLARSHIP

AWARD: Shall be \$1,000.00 payable at registration for the Fall semester, to be paid by check jointly to the student and college.

1. The Award shall be granted to a high school graduate who wishes to pursue a career in the healthcare area. Persons going back to further their education in the healthcare field will also be considered. You must be a resident of Hamilton County or a graduate of any Hamilton County High School at the time of the award or you must work or have a parent working for Van Diest Medical Center.
2. The recipient shall enroll in an approved health career program* at an accredited school and **complete education within 4 years.**
3. The Award shall be used for tuition, fees, books, or board and room.
4. Two (2) written character references from non-relatives will be required.
5. The Award Committee shall consist of three (3) members of the Hamilton County Public Hospital Auxiliary.
6. Interested students may apply for consideration for this scholarship by completing, in full, the application blank and **deadline for the application is April 15, 2017 or postmarked no later than April 15, 2017.**
7. It is our policy to give only one scholarship to each person. **Please do not apply if you have received a scholarship from us in the past.**
8. If the recipient is unable to attend school, the Award should revert back to the Auxiliary to be given to an alternate. The Auxiliary should be notified by the student or other person who are responsible in assisting them.

* Approved healthcare program

Certified Nurse Anesthetist (CRNA)
Clinical Lab Scientist/Medical Technologist
Clinical Lab Technician/Medical Lab Technician
Clinical Nurse Specialist (CNS)
Nurse Administrator
Nurse Practitioner (NP)
Nursing (RN)
Nursing (BSN)
Nursing (Masters-MSN)
Occupational Therapist

Paramedic
Pharmacist
Physical Therapist
Physical Therapist Assistant
Physician Assistant
Radiation Therapist
Respiratory Therapist
Social Worker (LISW)
Surgery Technician
Ultrasound Technologist

Van Diest Medical Center Hospital Auxiliary
SCHOLARSHIP APPLICATION FORM – Deadline April 15, 2017

Name _____ Year graduated _____
Current address _____ City _____ Zip _____
Parent _____ Occupation _____
Phone number _____ Email _____
Number of children in the family _____
College choice _____ Major _____
College address _____ State _____ Zip _____
What are the yearly expenses of this college? _____
Have you applied? _____ If so, have you been accepted? _____
Have you applied for or are receiving any other financial aid? _____
If yes to the above question, what is the amount? _____
And, which of these is it: Grant _____ Loan _____ Scholarship _____

Program Type

Indicate the program in which you are enrolled or to which you have been accepted. **Please note education must be completed in 4 years.**

- | | |
|---|---|
| <input type="checkbox"/> Clinical Lab Scientist/Medical Technologist | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Clinical Lab Technician/Medical Lab Technician | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Nursing (RN) | <input type="checkbox"/> Radiation Therapist |
| <input type="checkbox"/> Nursing (BSN) | <input type="checkbox"/> Physical Therapist Assistant |
| <input type="checkbox"/> Nursing (Masters-MSN) | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Nurse Practitioner (NP) | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Certified Nurse Anesthetist (CRNA) | <input type="checkbox"/> Social Worker (LISW) |
| <input type="checkbox"/> Clinical Nurse Specialist (CNS) | <input type="checkbox"/> Surgery Technician |
| <input type="checkbox"/> Nurse Administrator | <input type="checkbox"/> Ultrasound Technologist |
| <input type="checkbox"/> Occupational Therapist | |

Two (2) written references **must accompany** this application by a non-relative:

1. _____
2. _____

If recipient is unable to attend school, the award would revert back to the Auxiliary to be given to an alternate. You will notify as per #8 on the attached sheet.

I hereby promise that the above information is true and not falsified to the best of my knowledge.

Signature _____

Use reverse side if more room is needed to provide information. Reverse yes ___ no ___

Please send completed application by April 15, 2017 or postmarked no later than April 15, 2017

**to: VDMC Human Resources or Lorraine Habben, 1515 Sparboe Ct., Webster City, IA 50595,
515-832-1357**

Van Diest Medical Center Hospital Auxiliary Scholarships

Number of Scholarships: Three (3)

Amount of Scholarships: \$1000 each

Who Qualifies: 2017 high school graduates **OR** persons returning to further their education in the health care field.

High School Students: Inquire at the Counselor's Office
Resident of Hamilton County: Contact Auxiliary Scholarship
Chairman Lorraine Habben at (515) 832-1357

DEADLINE for the application form is **APRIL 15, 2017** or post-marked no later than **APRIL 15, 2017**.

Applicants must be a resident of Hamilton County or a graduate of any Hamilton County high school, work or have a parent working at Van Diest Medical Center at the time of the award.