VAN DIEST MEDICAL CENTER AUXILIARY
An Affiliate of MERCYONE

# *Van Diest Medical Center Auxiliary Scholarship Application*

Name_____Year Graduated: High School_____College_____
Current address_____City_____State___Zip_____
Phone number _____Email_____
Parents_____Occupation_____
Number of siblings in the family_____
College choice_____Major_____
College address_____State_____Zip_____
What is the yearly tuition 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, 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.**

- ☐ Clinical Lab Scientist/Medical Technologist
- ☐ Clinical Lab Technician/Medical Lab Technician
- ☐ Dentistry or Orthodontics
- ☐ Medical Assistant
- ☐ Nursing (RN)
- ☐ Nursing (BSN)
- ☐ Nursing (Masters – MSN)
- ☐ Nurse Practitioner (NP)
- ☐ Doctor of Nursing (DNP)
- ☐ Kinesiology and Health
- ☐ Occupational Therapist
- ☐ Occupational Therapist Assistant
- ☐ Pharmacist
- ☐ Physical Therapist
- ☐ Physical Therapist Assistant
- ☐ Physician Assistant
- ☐ Psychologist/Therapist
- ☐ Pre-Medicine
- ☐ Radiation Therapist
- ☐ Respiratory Therapist
- ☐ Social Worker (LISW)
- ☐ Speech Pathologist
- ☐ Surgery Technician
- ☐ Ultrasound Technologist
- ☐ EMT/Paramedic
- ☐ Other:_____

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 to the Auxiliary to be given to an alternate. You will notify as per #8 on the attached sheet.)

*Include a short paragraph stating why you have chosen a career in the medical field, and if you are currently employed part-time or full-time and where. You may use the back of this application form.

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

Signature _____

**Please send completed application by April 15, 2025, or postmarked no later than April 15, 2025 to:**

**Lorraine Habben, 1515 Sparboe Ct., Webster City, IA 50595 515-832-1357**

VAN DIEST MEDICAL CENTER AUXILIARY
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# VAN DIEST MEDICAL CENTER 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 medical field. Persons going back to further their education in the medical 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 healthcare 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 are required.

5. The Award Committee shall consist of three (3) members of the Van Diest Medical Center Auxiliary.

6. Interested students may apply for consideration for this scholarship by completing the application. **Deadline for the application is April 15, 2025 or postmarked no later than April 15, 2025.**

7. It is our policy to give only one scholarship to each person. **Please do not apply if you received a scholarship from us in the past.**

8. If the recipient is unable to attend school, the Award should revert to the Auxiliary to be given to an alternate. The Auxiliary should be notified by the student or other person who is responsible in assisting them.

* Approved healthcare programs

Clinical Lab Scientist/Medical Technologist
Clinical Lab Technician/Medical Lab Technician
Dentistry or Orthodontics
Medical Assistant
Nursing (RN)
Nursing (BSN)
Nursing (Masters – MSN)
Nurse Practitioner (NP)
Doctor of Nursing (DNP)
Pre-Medicine
Kinesiology and Health
Occupational Therapist
Occupational Therapist Assistant
Pharmacist
Physical Therapist
Physical Therapist Assistant
Radiation Therapist
Physician Assistant
Psychologist/Therapist
Respiratory Therapist
Social Worker (LISW)
Speech Pathologist
Surgery Technician
Ultrasound Technologist
EMT/Paramedic

VAN DIEST MEDICAL CENTER AUXILIARY

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# *Van Diest Medical Center Auxiliary Scholarships*

***Number of Scholarships:*** Six (6)

***Amount of Scholarships:*** $1,000 each

***Who Qualifies:*** 2025 high school graduates **OR** those returning to further their education in the medical field.

INQUIRE at the Counselor's Office for a form and information regarding this application.

**DEADLINE** for the application form is **APRIL 15, 2025** or post-marked no later than **APRIL 15, 2025.**

**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.**