

**Van Diest Medical Center Hospital Auxiliary  
SCHOLARSHIP APPLICATION FORM**

Name \_\_\_\_\_ Year Graduated: High School \_\_\_\_\_ College \_\_\_\_\_

Current address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Parents \_\_\_\_\_ Occupation \_\_\_\_\_

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, 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                         | <input type="checkbox"/> EMT/Paramedic                |
|   | <input type="checkbox"/> 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 back to the Auxiliary to be given to an alternate. You will notify as per #8 on the attached sheet.)

\*Include short paragraph stating why you have chosen a health care career and if you are currently employed part-time or full-time. You may use the backside 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, 2020 or postmarked no later than April 15, 2020 to:**

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

## 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 are 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, 2020 or postmarked no later than April 15, 2020.**
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 programs

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  
EMT/Paramedic

## *Van Diest Medical Center Hospital Auxiliary Scholarships*

*Number of Scholarships:* Two (2)

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

*Who Qualifies:* 2020 high school graduates **OR** persons returning to further their education in the health care field.

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

**DEADLINE** for the application form is **APRIL 15, 2020** or post-marked no later than **APRIL 15, 2020**.

**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.**