

Van Buren County Hospital Auxiliary Scholarship Information and Requirements

High School Senior Scholarships

Two scholarships of up to \$500 each will be awarded to a graduating senior of a Van Buren County High School annually. Scholarship year will be from July 1 to June 30. If there are no requests, the Auxiliary will not carry over unused scholarship monies. Applications from graduating seniors must be completed by the student and delivered to the Hospital Auxiliary President prior to April 1 of each year. Scholarships will be awarded in May.

CRITERIA:

- Applicant must be enrolled or plan to enroll in a college/university/tech school in a medical field program (excluding animal science).
- Applicant must either be a resident of Van Buren County or a student at a Van Buren County high school (or affiliate; i.e. home school).
- Applicant must have completed a high school diploma or GED, or be a graduating senior.
- College/University/Tech School acceptance letter must be enclosed with application.
- Applications for ALL scholarships must be supported by a listing of three references.

If for some reason, the award recipient is unable to attend school or chooses a non-medical field of study, it is the expectation that the scholarship funds will be returned to the Auxiliary.

Continuing Education Scholarships

Scholarships are also available for those wishing to continue their education in a medically related field (excluding animal science). Maximum allocation will be \$500 per scholarship. Applications from those who wish to continue their education may be sent to the Auxiliary president anytime throughout the year. However, they will be considered only at the June meeting annually. No applicant may be awarded a scholarship more than twice from the Auxiliary. The Auxiliary will not carry over scholarship monies not awarded from the previous year. Recipients of continuing education scholarships will be awarded a scholarship check after the June meeting.

CRITERIA:

- Applicant must be enrolled or plan to enroll in a college/university/tech school in a medical field of study (excluding animal science).
- Applicant must be a resident of Van Buren County or an employee of Van Buren County Hospital
- College/University/Tech School (or other educational entity; i.e. online coursework) acceptance letter must be enclosed with application.
- Applications for ALL scholarships must be supported by a listing of three references.

If for some reason, the award recipient is unable to attend school, it is the expectation that the scholarship funds will be returned to the Auxiliary.

VAN BUREN COUNTY HOSPITAL AUXILIARY SCHOLARSHIP APPLICATION

First and Last Name:	Middle Initial:	
Address:		
City, State, ZIP		
Phone:		
NAME OF COLLEGE/UNIVERSITY/TECH SCHOOL (currently attending or plan to attend)		
MAJOR FIELD OF STUDY		
EXTRA CURRICULAR ACTIVITIES		
COMMUNITY ACTIVITIES/SERVICE		
OTHER AWARDS/SCHOLARSHIPS YOU HAVE RECEIVED		
REFERENCES: Please list three references		
NAME	POSITION	Contact Information(Phone/Address)

Please write a brief essay/paragraph on a separate page with your career goals. Topics that may be included are: Tell us why you are choosing this career path, your interests, and how you plan to utilize your health related training once completed. Describe any experience(s) that significantly influenced your choice of a health career. Where do you see yourself living and practicing in five years? If you have any family situations or family responsibilities we should be aware of please explain.

**Complete above information plus essay and mail to: VBCH Auxiliary President
Van Buren County Hospital
304 Franklin Street
Keosauqua IA 52565**

**VAN BUREN COUNTY HOSPITAL AUXILIARY
CONTINUING EDUCATION
SCHOLARSHIP APPLICATION**

First and Last Name:	Middle Initial:
Address:	
City, State, ZIP	
Phone:	
Current Position at VBCH (if applicable)	

NAME OF COLLEGE/UNIVERSITY/TECH SCHOOL (currently attending or plan to attend)		
MAJOR FIELD OF STUDY		
AMOUNT REQUESTED: \$		(maximum \$500 per scholarship)
If you have any family situations or family responsibilities we should be aware of please explain.		
REFERENCES: Please list three references		
NAME	POSITION	Contact Information(Phone/Address)

Please write a brief essay/paragraph describing your career goals on a separate piece of paper. Tell us why you are choosing to further your education (i.e. state requirement, personal satisfaction, new interest) and how you plan to utilize your health related training once completed.

**Complete above information plus essay and mail to: VBCH Auxiliary President
Van Buren County Hospital
304 Franklin Street
Keosauqua, IA 52565**