

## **Clarinda Regional Health Center (CRHC) Auxiliary Scholarship**

Applicant qualifications and guidelines:

- The Clarinda Regional Health Center Auxiliary is offering two \$750 scholarships. The applicant must be planning a career in the medical field.
- Applicant must be an employee of CRHC; a family member of someone employed by CRHC; a CRHC Auxilian; a family member of a CRHC Auxilian; or have participated in the CRHC Volunteer program.
- Anyone in college at this time is eligible along with high school student graduates. If you are not and have not been a recipient of a CRHC Auxiliary scholarship, you are eligible to reapply another year.
- Financial need will be considered.
- Applications should be typed.
- Scholarship monies will be distributed after completion of one semester and proof of registration for classes in the second semester is provided to the CRHC Auxiliary.
- Applications must be postmarked by April 15<sup>th</sup> to be considered.

## Clarinda Regional Health Center Auxiliary Scholarship Application

**Please type**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Who are you associated with at CRHC? \_\_\_\_\_

If a high school student, please complete the following:

Parent's Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Mother's Telephone Number: \_\_\_\_\_ Father's Telephone: \_\_\_\_\_

Father's Employment: \_\_\_\_\_

Mother's Employment: \_\_\_\_\_

Number of siblings at home: \_\_\_\_\_ In College: \_\_\_\_\_

High School Graduated from: \_\_\_\_\_

Year Graduated: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

List courses you have taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List school-related extracurricular activities you are active in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List community and church activities you are active in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What schools are you interested in attending?

\_\_\_\_\_

Please include a brief essay of your educational goals and how this scholarship would help you reach those goals.

All applicants please furnish the following information:

What is your course of study?

\_\_\_\_\_

What was your family's income from the previous year?

\_\_\_\_\_

List financial assistance:

Parent's Assistance: \$ \_\_\_\_\_ (if applicable)

Loans, Scholarships, Grants, other: (check if approved or pending)

- |    |       |          |               |              |
|----|-------|----------|---------------|--------------|
| 1. | _____ | \$ _____ | Approved ____ | Pending ____ |
| 2. | _____ | \$ _____ | Approved ____ | Pending ____ |
| 3. | _____ | \$ _____ | Approved ____ | Pending ____ |
| 4. | _____ | \$ _____ | Approved ____ | Pending ____ |

Employment Record (if any)

Employer	Year(s) employed	Supervisor

Submit three current letters of recommendation with this application.

Application must be postmarked by April 15<sup>th</sup> and mailed to:

CRHC Auxiliary Scholarship  
c/o Tammie Driftmier  
220 Essie Davison Drive  
P.O. Box 217  
Clarinda, IA 51632

I, \_\_\_\_\_ authorize my high school or college to provide any  
of my personal records or transactions for the purpose of evaluating this scholarship request.

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Applicant's Signature

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Date