

Regional Medical Center

2012 Auxiliary Human Medical Field Scholarship Application

709 West Main Street, PO Box 359, Manchester, IA 52057-0359

Application Deadline: Postmarked by March 31, 2012.

Applicant's Name: _____
Last Name First Name Middle Initial

Maiden Name/Other Names Used _____ **Telephone #** _____

Address: _____ **E-mail Address:** _____
Mailing Address City State Zip

Name of Parent or Guardian (if living at home) _____

Address: _____
Street City State Zip

Father's Occupation: _____ **Mother's Occupation:** _____

High School: Year of Graduation _____ # of Brothers/Sisters: At Home _____ In College _____

Name & Address of High School _____

Attach most recent School Transcript indicating GPA, Class Rank and Class Size.

Post-Secondary Information: *if applicable* Program for 2012: _____

Iowa Educational Institution Attending: _____ **Location:** _____

Dates Attended: _____ **Hours Completed:** _____ **Year of Graduation:** _____

Attach most recent Post-Secondary Transcript.

Current Employment: *if applicable* Name of Business: _____

Address: _____ **Contact Person:** _____ **Phone Number:** _____

Healthcare Career Enrolled In or Accepted for 2012 _____

Iowa Educational Institution You Will Attend _____

College Address _____

Enclose a typed personal statement, not to exceed 300 words, addressing each of the following items:

- 1.) Career aspirations relative to this field of study
- 2.) Personal goals and reasons for choosing healthcare as a profession
- 3.) Need for financial assistance including financial aid you anticipate receiving
- 4.) Participation in extracurricular activities and community involvement

References: Please provide 3 personal references from someone other than your immediate family. (See attached forms)
Applicants are responsible for seeing that references are returned by deadline.

Applicant's permanent address must be within the Regional Medical Center service area. The scholarship will be paid at the beginning of the second semester, after successful completion of the first semester as indicated upon receipt of an Official Transcript from the school.

Return the completed application to: Regional Medical Center
Attn: Marcia Burkle, Auxiliary Scholarship Committee
709 West Main Street, PO Box 359
Manchester, IA 52057-0359

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Reference Form

To be completed by applicant
<hr/> <p>Printed Applicant Name</p> <hr/> <p>Printed Name of Reference</p>

To be completed by reference					
How well do you know the applicant?					
<input type="checkbox"/> Very well <input type="checkbox"/> Fairly well <input type="checkbox"/> Minimally <input type="checkbox"/> Unknown					
How long have you know the applicant?					
Identify your association with the applicant.					
<input type="checkbox"/> Instructor <input type="checkbox"/> Academic Advisor <input type="checkbox"/> Employer/Supervisor <input type="checkbox"/> Community/Organization					
Personal Traits/Skills	Exceptional	Above Average	Average	Below Average	Not Able to Respond
Citizenship					
Character					
Reliability					
Leadership					
Decision-making ability					
Organizations Skills					
Communication Skills					
Positive Attitude					

If possible, please provide specific examples where you have observed the applicant demonstrate these personal traits/skill. You may continue on back of this sheet.

Signature

Date

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