

Regional Medical Center Auxiliary
709 West Main Street, PO Box 359
Manchester, IA 52057-0359

Human Medical Field Scholarship Application

Applicant's Name: _____
Last Name First Name Middle

Address: _____
Street City, State, Zip

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

Address: _____
Street City, State, Zip

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

Date of Birth: _____ **# of Brothers/Sisters: At Home** _____
In College _____

Name of Health Career Program _____

Iowa College You Will Attend _____

College Address _____

Name & Address of High School _____

Year of Graduation, Grade Point, Class Rank _____

Please Comment on These Items: (May complete on reverse side, if additional space needed)

- (1) Your need for financial assistance
- (2) Other financial aid and the amounts which you anticipate receiving
- (3) Participation in extracurricular and community activities
- (4) Reasons for entering this field of training

References: Please provide 3 personal references from someone other than your immediate family. (See attached form)
Please make sure these references are mailed before the application deadline.

Applicants must live 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.

This application and references must be received by April 1, 2010.

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

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Personal Reference
Human Medical Field Scholarship Application

Please submit before April 1, 2010

Scholarship Applicant's Name: _____

Personal Traits Summary

	Superior	Above Average	Average	Below Average
Citizenship				
Character				
Reliability				
Leadership				
Appearance				

General Comments: (please complete)

Signature

Occupation

Date

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