

2022 Auxiliary Human Medical Field Scholarship Application

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

Application Deadline: Postmarked by March 31, 2022.

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

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

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

Dependent Student: Please provide the following household information.

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

Address: _____
Street City State Zip

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

of Brothers/Sisters: At Home _____ In College _____ **Number of persons living in your home:** _____

Independent Student: Please provide the following household information.

Name of Spouse (if married) _____

Your Occupation: _____ **Spouse Occupation:** _____

of Dependent Children: At Home _____ In College _____ **Family/Number of Dependents:** _____

High School: Year of Graduation _____

Name & Address of High School _____

*****Attach your most recent School Transcript indicating GPA, Class Rank and Class Size, ACT results and/or SAT results.*****

Post-Secondary Information: *if applicable* Program for 2022: _____

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

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

*****Attach your most recent Post-Secondary Transcript.*****

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

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

Healthcare Career Enrolled In or Accepted for 2022-23 _____

Iowa Educational Institution You Will Attend _____

College Address _____

*****On a separate sheet of paper prepare a typed personal statement 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 list below and provide 3 personal references from someone other than your immediate family.
(See attached forms)

1. Name _____ Reference type _____
2. Name _____ Reference type _____
3. Name _____ Reference type _____

Applicants are responsible for seeing that references are returned by deadline.

Applicants for the 2022 Auxiliary Human Medical Field Scholarship are eligible if they attend school in the listed school districts -AND/OR- live within zip codes below.

Accepted school districts:

Beckman, East Buchanan, Edgewood-Colesburg, Maquoketa Valley, Starmont, West Delaware.

Accepted home zip codes:

50607 Aurora	52038 Dundee	52057 Manchester
50650 Lamont	52040 Dyersville	52076 Strawberry Point
50654 Masonville	52041 Earlville	52078 Worthington
50682 Winthrop	52042 Edgewood	52223 Delhi
52035 Colesburg	52046 Farley	52237 Hopkinton
52036 Delaware	52050 Greeley	52330 Ryan

Physical Home Address (if different than mailing address):

_____ IA _____
Street Address City State Zip

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 Iowa College attended.

Return the completed application to: Regional Medical Center
Attn: Auxiliary Scholarship
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Reference Form

To be completed by applicant

Printed Applicant Name _____

Printed Name of Reference _____

To be completed by reference

How well do you know the applicant?

Very well Fairly well Minimally Unknown

How long have you known the applicant?

Identify your association with the applicant.

Instructor Academic Advisor Employer/Supervisor 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/skills. You may continue on the back of this sheet.

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Signature

Date

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<input type="checkbox"/> Very well <input type="checkbox"/> Fairly well <input type="checkbox"/> Minimally <input type="checkbox"/> Unknown					
How long have you known 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
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