

2024 RMC Auxiliary Human Medical Field Scholarship Application

Deadline: Postmarked by February 29, 2024

Name (Last, First, Middle Initial) _____

Maiden Name/Other Names Used _____

Mailing Address (Street, City, State, Zip) _____

Physical Address (if different than mailing address above) _____

Phone _____ **Email** _____

DEPENDENT STUDENT HOUSEHOLD INFORMATION

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

Address (Street, City, State, Zip) _____

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

Siblings: At Home _____ **In College** _____ **# Persons Living in your Home:** _____

INDEPENDENT STUDENT HOUSEHOLD INFORMATION

Name of Spouse (if married) _____

Your Occupation _____ **Spouse's Occupation** _____

of Dependent Children: At Home _____ **In College** _____

Family/Number of Dependents _____

HIGH SCHOOL

Year of Graduation _____ **High School Name** _____

High School Address (Street, City, State, Zip) _____

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

POST-SECONDARY INFORMATION (if applicable)

Program for 2024 _____

Iowa Educational Institution Attending _____

Institution Address (Street, City, State, Zip) _____

Dates Attended _____ Hours Completed _____ Year of Graduation _____

Attach your most recent Post-Secondary Transcript.

CURRENT EMPLOYMENT (if employed)

Name of Business _____

Address (Street, City, State, Zip) _____

Contact Person _____

Phone _____ Email _____

IOWA EDUCATIONAL INSTITUTION YOU WILL ATTEND

Healthcare Career Enrolled In or Accepted for 2024-2025 _____

College Name _____

Address (Street, City, State, Zip) _____

CAREER ASPIRATIONS RELATIVE TO THIS FIELD OF STUDY

PERSONAL GOALS AND REASONS FOR CHOOSING HEALTHCARE AS A PROFESSION

NEED FOR FINANCIAL ASSISTANCE INCLUDING FINANCIAL AID YOU ANTICIPATE RECEIVING

PARTICIPATION IN EXTRACURRICULAR ACTIVITIES AND COMMUNITY INVOLVEMENT

REFERENCES

Please list below and provide 3 personal references from someone other than your immediate family.

1. Name _____
Reference Type _____
2. Name _____
Reference Type _____
3. Name _____
Reference Type _____

Applicants are responsible for ensuring references are returned by the deadline of February 29, 2024.

2024 RMC AUXILIARY HUMAN MEDICAL FIELD SCHOLARSHIP ELIGIBILITY

Applicants are eligible if they attend school in the listed school districts AND/OR live within zip codes noted below.

Accepted School Districts

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

Accepted Home Zip Codes

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

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 and references by February 29, 2024 to:

Email: auxiliary@regmedctr.org

OR

Regional Medical Center
ATTN: Auxiliary Scholarship
709 West Main Street
PO Box 359
Manchester, IA 52057