

2026 RMC Auxiliary Healthcare Scholarship Application

Deadline: February 27, 2026

The RMC [Auxiliary](#) awards annual healthcare scholarships to area students pursuing an education at an Iowa college in a human health-related field.

- This scholarship is eligible to anyone interested in pursuing their education in the human healthcare field at an **Iowa** college or university.
- Applications are open to anyone whose permanent address or school district is within RMC's services area. Accepted zip codes and school districts are listed in the next step.
- Selection is based on academic record, financial need, a sincere interest in the human medical field and participation in extracurricular and community activities.
- In addition to current area high school seniors, consideration is given to students in post-secondary education and those currently in the workforce who have enrolled and been accepted in a human medical field of study.

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.

Scholarship funds are made available through memorials and donations to the Regional Medical Center [Auxiliary Tree of Lights](#).

Return the application, school transcript and 3 references by February 27, 2026.

Applications missing any of the required materials will not be reviewed for consideration.

* Indicates required question

Applicant Eligibility

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

Accepted School Districts:

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

Accepted Home Zip Codes:

- 50606 Arlington
- 50607 Aurora
- 50650 Lamont
- 50654 Masonville
- 50682 Winthrop
- 52033 Cascade
- 52035 Colesburg
- 52036 Delaware
- 52038 Dundee
- 52040 Dyersville
- 52041 Earlville
- 52042 Edgewood
- 52046 Farley
- 52050 Greeley
- 52053 Holy Cross
- 52057 Manchester
- 52065 New Vienna
- 52076 Strawberry Point
- 52078 Worthington
- 52218 Coggon
- 52223 Delhi
- 52237 Hopkinton
- 52326 Quasqueton
- 52330 Ryan

Applicant Contact Information

1. First Name *

2. Middle Initial *

3. Last Name *

4. Mailing Address (Street, City, State, Zip) *

5. Physical Address (if different than mailing address - put NA if not applicable) *

6. Phone *

7. Email *

Dependent Student Household Information

Input NA if any questions are not applicable

8. Name of Parent or Guardian (if living at home) *

9. Address (Street, City, State, Zip) *

10. Father's Occupation *

11. Mother's Occupation *

12. # Siblings at Home *

13. # Siblings in College *

14. # Persons Living in your Home *

Independent Student Household Information

Input NA if any questions are not applicable

15. Name of Spouse (if married) *

16. Your Occupation *

17. Spouse's Occupation *

18. # Dependent Children at Home *

19. # Dependent Children in College *

20. Family/Number of Dependents *

High School

IMPORTANT: Email or mail your most recent School Transcript including GPA, Class Rank and Class Size; ACT results and/or SAT results by February 27, 2026. If your transcript is not received by the deadline, your application will not be reviewed for consideration.

- Email: auxiliary@regmedctr.org
- Mail: ATTN Valerie Lindsay, Regional Medical Center, PO Box 359, Manchester, IA 52057

21. Year of Graduation *

22. High School Name *

23. High School Address (Street, City, State, Zip) *

Post-Secondary Information (if applicable)

Input NA if any questions are not applicable

IMPORTANT: Email or mail your most recent Post-Secondary Transcript by February 27, 2026. If your Post-Secondary Transcript is not received by the deadline, your application will not be reviewed for consideration.

- Email: auxiliary@regmedctr.org
- Mail: ATTN Valerie Lindsay, Regional Medical Center, PO Box 359, Manchester, IA 52057

24. Program for 2026 *

25. Iowa Educational Institution Attending *

26. Institution Address (Street, City, State, Zip) *

27. Dates Attended *

28. Hours Completed *

29. Year of Graduation *

Current Employment (if employed)

Input NA if any questions are not applicable

30. Name of Business *

31. Address (Street, City, State, Zip) *

32. Contact Person *

33. Phone *

34. Email *

Iowa Educational Institution You Will Attend

35. Healthcare Career/Program You Will Be/Are Enrolled In for 2025-2026 *

36. College Name *

37. Address (Street, City, State, Zip) *

Personal Statements

38. Career aspirations relative to this field of study. *

39. Personal goals and reasons for choosing healthcare as a profession. *

40. Need for financial assistance including financial aid you anticipate receiving. *

41. Participation in extracurricular activities and community involvement. *

References

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

IMPORTANT: Applicants are responsible for ensuring references are returned by the deadline of February 27, 2026. If applications are missing the required 3 personal references, they will not be reviewed for consideration.

42. Reference 1: Name (First, Last) *

43. Reference 1: Reference Type *

Mark only one oval.

- ☐ Instructor
- ☐ Academic Advisor
- ☐ Employer/Supervisor
- ☐ Community/Organization

44. Reference 2: Name (First, Last) *

45. Reference 2: Reference Type *

Mark only one oval.

- ☐ Instructor
- ☐ Academic Advisor
- ☐ Employer/Supervisor
- ☐ Community/Organization

46. Reference 3: Name (First, Last) *

47. Reference 3: Reference Type *

Mark only one oval.

- ☐ Instructor
- ☐ Academic Advisor
- ☐ Employer/Supervisor
- ☐ Community/Organization

Application Checklist

Please ensure you have completed all of the below items by February 27, 2026 for your application to be reviewed for consideration. If needed, print this off for your reference.

1. **Application Submitted**
2. **School Transcript:** You have emailed or mailed your most recent School Transcript including GPA, Class Rank and Class Size; ACT results and/or SAT results.
3. **Post-Secondary Transcript (if applicable):** You have emailed or mailed your Post-Secondary Transcript.
4. **Personal References:** You will ensure that 3 personal reference forms are returned by February 27, 2026 either via email or mail. These are to be completed by someone other than your immediate family.

Email: auxiliary@regmedctr.org

Mail: ATTN Valerie Lindsay, Regional Medical Center, PO Box 359, Manchester, IA 52057

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