

2027 RMC AUXILIARY HEALTHCARE SCHOLARSHIP ELIGIBILITY

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

ACCEPTED SCHOOL DISTRICTS	
Beckman	Maquoketa Valley
East Buchanan	Starmont
Edgewood-Colesburg	West Delaware

ACCEPTED HOME ZIP CODES		
50606 Arlington	52036 Delaware	52057 Manchester
50607 Aurora	52038 Dundee	52076 Strawberry Point
50650 Lamont	52040 Dyersville	52223 Delhi
50654 Masonville	52041 Earlville	52237 Hopkinton
50682 Winthrop	52042 Edgewood	52326 Quasqueton
52035 Colesburg	52050 Greeley	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 a Transcript from the Iowa College attended.

Application Checklist:

- ☐ Application
- ☐ School Transcript
- ☐ College Transcript (if applicable)
- ☐ 3 Personal References (non-family members)
- ☐ ACT/SAT scores are optional but welcome

All items must be received by Friday, February 26, 2027. Incomplete applications will not be reviewed.
Send completed materials to:

Email: auxiliary@regmedctr.org

OR

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

2027 RMC Auxiliary Healthcare Scholarship Application

Deadline: Friday, February 26, 2027

Name (Last, First, Middle Initial) _____

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 **Transcripts must be received by February 26, 2027. ACT/SAT scores are optional but welcome.**

Graduation Year _____ **High School Name** _____

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

COLLEGE EXPERIENCE (if applicable) **Transcripts must be received by February 26, 2027.**

Program _____

College Attended _____

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

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

CURRENT EMPLOYMENT (if employed)

Business Name _____

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

Contact Person _____

Phone _____ **Email** _____

IOWA COLLEGE YOU WILL ATTEND

Healthcare Program for 2027-2028 _____

College Name _____

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

WHAT ARE YOUR CAREER GOALS IN THIS HEALTHCARE FIELD?

WHAT ARE YOUR PERSONAL GOALS, AND WHY DO YOU WANT TO WORK IN HEALTHCARE?

EXPLAIN YOUR FINANCIAL NEED AND ANY FINANCIAL AID YOU EXPECT TO RECEIVE.

LIST YOUR SCHOOL ACTIVITIES AND COMMUNITY SERVICE.

REFERENCES 3 references must be received by the deadline of February 26, 2027.

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

1. Name _____

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

2. Name _____

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

3. Name _____

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