

Clarinda Regional Health Center (CRHC) Auxiliary Scholarship

Applicant qualifications and guidelines:

- The Clarinda Regional Health Center Auxiliary is offering two \$750 scholarships. The applicant must be planning a career in the medical field.
- Applicant must be an employee of CRHC; a family member of someone employed by CRHC; a CRHC Auxilian; a family member of a CRHC Auxilian; or have participated in the CRHC Volunteen program.
- Anyone in college at this time is eligible along with high school student graduates. If you are not and have not been a recipient of a CRHC Auxiliary scholarship, you are eligible to reapply another year.
- Financial need will be considered.
- Scholarship monies will be distributed after completion of one semester and proof of registration for classes in the second semester is provided to the CRHC Auxiliary.
- Applications must be postmarked by April 15th to be considered.

Clarinda Regional Health Center Auxiliary Scholarship Application

Please print of type

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Who are you associated with at CRHC? _____

If a high school student, please complete the following:

Parent's Name: _____

Address (if different from above): _____

Mother's Telephone Number: _____ Father's Telephone: _____

Father's Employment: _____

Mother's Employment: _____

Number of siblings at home: _____ In College: _____

High School Graduated from: _____

Year Graduated: _____ Grade Point Average: _____

List courses you have taken: _____

List school-related extracurricular activities you are active in: _____

List community and church activities you are active in:

What schools are you interested in attending?

All applicants please furnish the following information:

What is your course of study?

What was your family's income from the previous year?

List financial assistance:

Parent's Assistance: \$ _____ (if applicable)

Loans, Scholarships, Grants, other: (check if approved or pending)

- | | | | | | | |
|----|-------|----------|----------|-----|---------|-----|
| 1. | _____ | \$ _____ | Approved | ___ | Pending | ___ |
| 2. | _____ | \$ _____ | Approved | ___ | Pending | ___ |
| 3. | _____ | \$ _____ | Approved | ___ | Pending | ___ |
| 4. | _____ | \$ _____ | Approved | ___ | Pending | ___ |

Employment Record (if any)

Employer	Year(s) employed	Supervisor

Submit three letters of recommendation with this application

Application must be postmarked by April 15th and mailed to:

CRHC Auxiliary Scholarship
c/o Tammie Driftmier
220 Essie Davison Drive
P.O. Box 217
Clarinda, IA 51632

I, _____ authorize my high school or college to provide any of my personal records or transactions for the purpose of evaluating this scholarship request.

Applicant's Signature

Date