

Jefferson County Health Center Auxiliary Scholarship Non-Recent High School Graduate Application

PURPOSE:

To give financial aid to an individual who is interested in **any of the health-related fields.**

CONTRACT STIPULATIONS:

Applicant, if awarded a scholarship, will be expected to sign a formal contract covering this scholarship award, agreeing to: 1. Pursue an education in a health-related field at an educational institution acceptable to the Auxiliary; 2. Repay Jefferson County Health Center Auxiliary all sums advanced in the event that the year or specified period of study is not completed.

INSTRUCTIONS TO THE APPLICANT:

Many applications could not be considered in the past as some of the requirements on the application forms were not followed.

A. Applicant's Requirements

1. Applicant must pursue an education leading to a career in a health-related field.
2. The recipient of the scholarship must maintain a yearly average of at least a 2.5 or above, based on a 4.0 grade point average, in order to continue to qualify for the scholarship.
3. Applicant must be a resident of Jefferson County, Iowa.
4. Applicant must have been accepted by the school of their choice.
5. Applicant must submit most recent copy of transcript.
6. Each question on this application must be answered. If it does not apply to you then N/A or Not Applicable is acceptable.
7. Applicant must be a full-time student in a fully accredited institution.
8. Applicant must submit 3 letters of recommendation.

B. This is a semi-annual scholarship which may be renewed upon application to the Jefferson County Health Center Auxiliary.

**Please mail this application to the Scholarship Chairman of the Jefferson County
Health Center Auxiliary by November 15.**

Sylvia Fredericks
900 E. Fillmore St.
Fairfield, IA 52556

**Jefferson County Health Center Auxiliary
Scholarship Non-Recent High School Graduate Application**

APPLICANT

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Birth: _____ Marital Status: (M) (S) (W) (D) Circle one

Ages of dependents: _____

Employer: _____ How long? _____

Community, school, church activities: _____

SCHOOL INFORMATION:

Most recent GPA: _____ Program of study planned: _____

Name & address of school to which you have been accepted: _____

Cost of school: _____ Tuition: _____ Room/Board: _____

State your family/spouse's ability to contribute: _____%

State your ability to contribute: _____%

What are your educational goals? _____

Please attach three letters of recommendation SIGNED AND DATED from teachers, employers, or a director of an activity. Each time you apply you must have 3 new letters of recommendation and a copy of most recent transcript.

Applicant's Signature

Date