

Jefferson County Health Center Auxiliary Scholarship 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:

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

Applicant, if awarded a scholarship, you 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:

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 - A resident of Jefferson County, Iowa, OR
B - A JCHC employee, OR
C - The child of a JCHC employee
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. Must include 3 letters three letters of recommendation signed and dated from teachers, employers, or a director of an activity.

Please SUBMIT this application to:

Cathy Kaska

1638 Olive Avenue

Fairfield, IA 52556

In the envelope provided post marked by March 25th.

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

Name of applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Date of birth: _____

Father's name: _____ Mother's name: _____

Occupation of Father: _____

Occupation of Mother: _____

Ages of dependents: _____

Class rank: _____ out of _____ GPA: _____

Name and address of school to which you have been accepted:

Program of study planned: _____

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

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

State your ability to contribute: _____%

What are your educational goals? Attach a separate sheet

Do you work and if so where? _____

Please list your community, school, church activities: Attach a separate sheet

Have you been awarded any other scholarship or financial aid? If so, please list from whom and amount of each. If yes attach a separate sheet.

Please attach a copy of your high school transcript and three letters of recommendation **SIGNED AND DATED** from teachers, employers, or a director of an activity.

Applicant's Signature

Date