

Regional Health Services of Howard County Auxiliary

**NON-TRADITIONAL SCHOLARSHIP APPLICATION**

ATTENTION APPLICANTS:

On page #3 of this application you will find an application checklist.

Please note that #2 and #4 must be completed for your application to be considered for this award.

Should any part of these requirements be delayed due to the institutions time frame, please contact the scholarship chairperson, Pat Ferrie at (563) 547-3975.

Also, please note the deadline of APRIL 1<sup>ST</sup>, 2019. Mail application to:

Pat Ferrie, RHS Hospital Auxiliary Scholarship Chair  
Regional Health Services of Howard County  
235 8<sup>th</sup> Avenue West  
Cresco, IA 52136

**Regional Health Services of Howard County Auxiliary**

**NON-TRADITIONAL SCHOLARSHIP APPLICATION**

I.D. # \_\_\_\_\_

**AWARD AMOUNT: \$1,000**

**PLEASE PRINT OR TYPE**

**APPLICANT DATA**

(Mr.) (Mrs.) (Ms.) \_\_\_\_\_ Social Sec. # \_\_\_\_\_  
Name: (Last) (First) (Middle)

Permanent Address: (Street) (City) (State) (Zip)

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Date of Birth: (month, day, year) Telephone Number

Name of parent/guardian: \_\_\_\_\_

Permanent mailing address of parent/guardian (if different from applicant):

\_\_\_\_\_ (Street) (City) (State) (Zip)

**SCHOOL DATA**

High School: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Name) (Street) (City) (State) (Zip) (Phone number) (Diploma Date)

Name of post-secondary school for which applicant's scholarship is requested: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) (City) (State) (Zip)

\_\_\_\_ 4 year College/University      \_\_\_\_ Vo-Tech  
\_\_\_\_ Community College      \_\_\_\_ Other  
\_\_\_\_ Accredited?      \_\_\_\_ Yes      \_\_\_\_ No

Year in post-secondary program during coming school year:  
Undergraduate 1 2 3 4 5 or Graduate 6

Student will: \_\_\_\_ live on campus      \_\_\_\_ live off campus      \_\_\_\_ commute

Enrolled: \_\_\_\_ less than half-time      \_\_\_\_ half-time or more      \_\_\_\_ full-time

Anticipated date of graduation from post-secondary program: \_\_\_\_\_ month \_\_\_\_\_ year

Major field of study applicant plans to pursue: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PERSONAL DATA**

Describe your work experience during the **past four years**. Indicate dates of employment in each job and approximate number of hours worked each week. List total amounts earned at each job.

Position	Date From	Date To	Hours/wk	\$ Earned

List all community activities in which you have participated without pay during the **past four years**. (e.g. Red Cross, church work, volunteer work). Indicate all special awards, honors.

Activity	# years	Special Awards	Activity	# years	Special Awards

Make a statement of your plans as they relate to your educational and career objectives and future goals:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please report any unusual family or personal circumstances you feel warrant attention: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## **OTHER AWARDS**

Please list below the name and amount of any grants or scholarships that you have been awarded for the coming school year:

<b>Name of Award</b>	<b>Amount</b>	<b>Granted</b>	<b>Pending</b>

## **APPLICATION CHECKLIST**

1. This application for student aid becomes complete and valid only when you have returned the application. (Two first class stamps are required for mailing.)
2. Students currently enrolled in college or vocational-technical school must include most recent college or vo-tech transcript of grades.
3. Letters of recommendation from someone in the health field you have chosen, plus two additional letters of recommendation (these should be from a non-relative, such as high school principal, counselor, teacher, employer, etc.).
4. Letter of application to college you are attending.

**In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**DEADLINE IS APRIL 1<sup>ST</sup>, 2019**