

CHEROKEE REGIONAL MEDICAL CENTER EMPLOYEE FOUNDATION SCHOLARSHIP

The Cherokee Regional Medical Center Foundation will award up to two (2) new \$1,500 Employee Foundation Scholarships annually to help a qualified employees continue their education in an area that can be utilized to enhance their career at Cherokee Regional Medical Center. This scholarship potentially could be renewed once for a maximum total award of \$3,000 per recipient. **(Previous recipients must reapply to be considered for renewal.)**

This scholarship may be used on its own, or in conjunction with, the Cherokee Regional Education Assistance Program. Scholarship may be used towards tuition, and/or supporting educational materials- i.e. books, online subscriptions, etc.

Applications this year are due April 1, 2026. Applications will be screened and a recommendation made by the Cherokee Regional Medical Center Foundation Scholarship Committee. The Board of Directors of Cherokee Regional Medical Center will review the recommendation at the April Board Meeting. If no applicants are qualified, the scholarship will not be awarded.

The scholarship will be awarded/presented by the chairperson or designee of the Cherokee Regional Medical Center Foundation Board during the month of May 2026.

Eligibility: Cherokee Regional Staff must meet and agree to these student eligibility requirements before applying for a Foundation Scholarship:

- Must be currently working for Cherokee Regional Medical Center or one of its entities, and in good standing with the organization.
- Must be enrolled in an accredited program leading to licensure or a clinical degree.
- Must be within three years of completing their professional education.
- Must complete the application by the deadline.
- Following graduation, must agree to work for Cherokee Regional Medical Center (including Cherokee Regional-owned clinics, Home Health, Hospice, Retail Pharmacies, and long-term care facilities) for one year, upon completion of coursework, for **EACH** scholarship awarded. Employment must be in the career indicated on the application form.

Eligible Programs include: (Subject to Cherokee Regional Administrative Approval)

Certified Dietary Manager- CDM
Clinical Laboratory Scientist/Medical Technologist
Clinical Laboratory Technician/Medical Lab Technician
Coder- AA
Dietitian
Emergency Medical Technology/Technician (EMT Paramedic) - AA degree
Emergency Medical Technology/Technician (EMT) - Certification Program
Nursing - LPN
Nursing - BSN
Nursing - MSN
Nursing - DNP
Occupational Therapist
Pharmacist
Physical Therapist
Physician Assistant
Radiology Technician
MRI Technologist
Ultrasound Technician
Respiratory Therapist
Social Worker (MSW)
Speech Therapist
Surgical Technician - AA degree
Other Careers deemed necessary to carry out health care delivery at Cherokee Regional or one of its entities. (Subject to approval.)

CHEROKEE REGIONAL MEDICAL CENTER FOUNDATION EMPLOYEE SCHOLARSHIP APPLICATION

1. Name _____
2. Address _____
3. Phone _____
4. Birth date _____
5. Current Department at Cherokee Regional _____
6. Desired Career Area/Certification _____
7. Current College Attending: (Please be specific.)

Please include a copy of your current college transcripts

8. Previous College/University Attended and Location:

Please include a copy of your previous college/university transcripts (If applicable)

9. High School Attended and Location:

Please include a copy of your high school transcripts (Not applicable to renewal applications)

10. **Please write and attach a personal statement**, not to exceed 500 words, reflecting career aspirations, goals, and personal reasons for choosing health care as a profession, including professional goals.

11. **Please write and attach an explanation** of your level of participation in organization wide and community activities. (Ex. volunteering, community service, church, civic clubs, other organizations.) Please make sure to note specific health care specific activities.

12. **Completed application is due by April 1, 2026. Late applications will not be reviewed.**

Return by mail to: Cherokee Regional Medical Center Foundation
Attn: Scholarship Committee
300 Sioux Valley Drive
Cherokee, IA 51012

-OR-

Bring completed application to Kent Lundquist in Administration by April 1, 2026.

13. Employee/Applicant Signature _____ Date _____

Please let us know the best way to contact you:

Cell Phone: _____ Text Yes No

Email Address: _____