

**CHEROKEE REGIONAL MEDICAL CENTER  
JOHN M. COMSTOCK SCHOLARSHIP**

Cherokee Regional Medical Center John M. Comstock Scholarship (\$1,000) will be awarded annually to help a qualified student enter a human health occupation career. This will be a financial need based scholarship as well as the eligibility criteria.

**Applications are due April 1 of each year.** Applications will be screened and a recommendation made by the Cherokee Regional Medical Center 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 Board of Directors of Cherokee Regional Medical Center at the Hospital Week May Coffee.

**Eligibility criteria for the scholarship are:**

- 1. Resident of the Cherokee Regional Medical Center Service Area.**
- 2. A high school senior in good standing with a minimum GPA of 3.0.**
- 3. Entering a human health care occupation in a hospital or medical clinic in/outpatient setting.**
- 4. ACT Score of 22 or above.**
- 5. The need for financial assistance as well as overall high school performance including extra-curricular activities will be considered by the committee.**

**CHEROKEE REGIONAL MEDICAL CENTER  
JOHN M. COMSTOCK APPLICATION**

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. Phone \_\_\_\_\_

4. Birth date \_\_\_\_\_

5. Parent's Name \_\_\_\_\_

6. High School \_\_\_\_\_

Graduation Date \_\_\_\_\_ Class Rank \_\_\_\_\_ Number of Students in Class \_\_\_\_\_

7. Grade Point Average \_\_\_\_\_ ACT Composite Score \_\_\_\_\_

Attach a copy of your high school transcript and GPA.

8. College and Career Plans (If possible, please be specific about the college/university or school you plan to attend.) \_\_\_\_\_

\_\_\_\_\_

9. Write a short paragraph on a feature or characteristic of yours that you feel will make you successful in your chosen career.

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12. Recommendations from a teacher and one additional counselor, pastor, or employer must be enclosed with the application.

13. **Completed application including transcript and recommendations is due by April 1.**

Return to:

Cherokee Regional Medical Center  
Attn: Administration, Scholarship Committee  
300 Sioux Valley Drive  
Cherokee, IA 51012

14. Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**Please let us know the best way to contact you:**

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Text  Yes  No

Email Address: \_\_\_\_\_

**CHEROKEE REGIONAL MEDICAL CENTER  
JOHN M. COMSTOCK SCHOLARSHIP  
LETTER OF RECOMMENDATION**

Candidate Name: \_\_\_\_\_

Describe the capacity in which you have known this candidate:

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Comment on the candidate's strengths to be a successful health career professional:

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Add any additional information that you believe we would want to have in considering this candidate:

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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JOHN M. COMSTOCK SCHOLARSHIP  
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Add any additional information that you believe we would want to have in considering this candidate:

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Signature \_\_\_\_\_ Date \_\_\_\_\_