

**CHEROKEE REGIONAL MEDICAL CENTER  
KENNETH HOBSON MEMORIAL SCHOLARSHIP**

Cherokee Regional Medical Center Kenneth Hobson Memorial Scholarship (\$500) will be awarded annually to help a qualified student enter a health occupation career. This is not a need-based scholarship.

**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 20 or above.**
- 5. Preference given to applicants with a relationship to hospital staff or a hospital volunteer of a minimum of one year prior to the application.**

**CHEROKEE REGIONAL MEDICAL CENTER  
KENNETH HOBSON MEMORIAL SCHOLARSHIP 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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10. List the 10 most interesting and most significant activities you have participated in or honors you have received recently.

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_
- 6) \_\_\_\_\_
- 7) \_\_\_\_\_
- 8) \_\_\_\_\_
- 9) \_\_\_\_\_
- 10) \_\_\_\_\_

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

12. **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

13. 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  
KENNETH HOBSON MEMORIAL 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 \_\_\_\_\_

**CHEROKEE REGIONAL MEDICAL CENTER  
KENNETH HOBSON MEMORIAL 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 \_\_\_\_\_