

## **CHEROKEE REGIONAL MEDICAL CENTER AUXILIARY SCHOLARSHIP**

The Cherokee Regional Medical Center Auxiliary awards scholarships annually to assist area students entering a human health occupation career.

The scholarships are in the amount of \$400. This amount must be repaid to the hospital auxiliary if the course of study is not completed or the recipient does not enter the school of choice by October 1 of the year the scholarship is received.

Applications must be returned to the Auxiliary by **April 1** of each year. Applications will be reviewed by Auxiliary members and a decision reached by late April. Scholarships will be presented to the recipients at the Auxiliary May Coffee. If no applicants are qualified, the scholarship will not be awarded.

This scholarship is based on both financial need and overall high school performance.

### **Student eligibility will be judged on the following:**

1. Applicant must be a **resident of the Cherokee Regional Medical Center area.**
2. Applicant must be a high school senior in good standing.
3. Use of the scholarship is limited to studies relating to a **human health care occupation/ career in a hospital or medical clinic in/outpatient setting.**
4. The need for financial assistance is a consideration of the committee.
5. Applications **must be submitted by April 1.**

**CHEROKEE REGIONAL MEDICAL CENTER AUXILIARY  
SCHOLARSHIP APPLICATION**

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_
3. Phone \_\_\_\_\_
4. Birth date \_\_\_\_\_
5. Parents' Names \_\_\_\_\_
6. Parents' Occupations:    Father \_\_\_\_\_  
  Mother \_\_\_\_\_
7. Number and ages of siblings \_\_\_\_\_
8. How many of these siblings are attending college or receiving advanced education at this time? \_\_\_\_\_
9. Graduation Date \_\_\_\_\_
10. High School \_\_\_\_\_
11. Health Occupation Career Goal \_\_\_\_\_
12. College(s) or Program(s) to which you have applied for admission \_\_\_\_\_  
\_\_\_\_\_
13. College(s) or Program(s) to which admission has been accepted \_\_\_\_\_  
\_\_\_\_\_  
If not accepted, please explain \_\_\_\_\_  
\_\_\_\_\_
14. Have you applied for other scholarships or loans? \_\_\_\_\_
15. Have you been granted any other scholarships? \_\_\_\_\_
16. List any extracurricular school and community activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. What is your grade point average? \_\_\_\_\_

**Please attach:**

1. A copy of your scholastic records showing class rank, ACT scores, GPA, and yearly classes and grades
2. An essay on "Why I am Entering a Health Career" (150 word minimum)
3. Three completed forms of recommendation
4. A billfold size picture of yourself

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

- Home Phone: \_\_\_\_\_
- Cell Phone: \_\_\_\_\_ Text  Yes  No
- Email Address: \_\_\_\_\_

The above completed application is true and valid.

\_\_\_\_\_  
Signature of Applicant

I am in support of my son's/daughter's application.

\_\_\_\_\_  
Signature of Parent

**Completed application including attachments and recommendations due by April 1, 2024.**

Return to:

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

**CHEROKEE REGIONAL MEDICAL CENTER  
AUXILIARY 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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AUXILIARY SCHOLARSHIP  
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Signature \_\_\_\_\_ Date \_\_\_\_\_