CHEROKEE REGIONAL MEDICAL CENTER
FOUNDATION SCHOLARSHIP

Cherokee Regional Medical Center Foundation Scholarship ($500) will be awarded annually to help a qualified student enter a human 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 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 Board of Directors of Cherokee Regional Medical Center at the May 2024 Chamber 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
FOUNDATION 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.
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

January 2024
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: ______________________________
Candidate Name: _________________________________________________________________

Describe the capacity in which you have known this candidate:

_____________________________________________________________________________________
_____________________________________________________________________________________

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

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Signature ______________________________ ___________ Date ___________________
Candidate Name: _________________________________________________________________

Describe the capacity in which you have known this candidate:

______________________________________________________________________________
______________________________________________________________________________

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

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Signature ______________________________    Date ____________________________