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 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 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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_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
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. Please give an explanation of your financial assistance needs.

_________________________________________________________________________________
_________________________________________________________________________________
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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 due by April 1, 2024.**

    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: ______________________________
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:

______________________________________________________________________________

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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 _____________________
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:
____________________________________________________________________________________
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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 ___________________