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 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 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
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 due by April 1, 2024.**

   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:

______________________________________________________________________________
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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 ________________

January 2024
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 __________________