



2021 GCMH Foundation Health Care Career Scholarship:

Grundy County Memorial Hospital Foundation is offering health care career scholarships to students who currently reside in or graduated from a high school in one of the communities served by the Grundy County Memorial Hospital in Butler, Grundy, Hardin, or Tama counties or who are currently employed by the Grundy County Memorial Hospital. Up to ten scholarships will be awarded for the 2021-22 school year. Approved programs include:

- | | |
|---|--|
| - Nursing (LPN, ADN, RN, BSN, MSN) | - Occupational Therapist or Occ. Therapist Assistant |
| - Nurse Practitioner | - Paramedic |
| - Nurse Anesthetist | - Pharmacist |
| - Doctor of Medicine (M.D.) | - Physical Therapist or PT Assistant |
| - Doctor of Osteopathic Medicine (D.O.) | - Physician's Assistant |
| - Dietetics | - Radiological Sciences |
| - Laboratory Sciences | - Ultrasound Technologist |

Eligibility:

- Student must currently be enrolled in an accredited health care career program leading to licensure or a clinical laboratory degree (see above list) i.e. Nursing School, Physical Therapy School
- Student must have completed at least one semester of their official, accredited health care program, or be a licensed health care professional pursuing an advanced degree in health care.
- Student must be enrolled at least part time for either undergraduate (with a minimum of 6 credit hours) or graduate programs (with a minimum of 4 credit hours)
- Student must reside in or have graduated from a high school in one the communities served by the Grundy County Memorial Hospital in Butler, Grundy, Hardin, or Tama counties or currently work at Grundy County Memorial Hospital
- Student must have a cumulative post-secondary GPA maintained at 2.5 or higher

Traditional and nontraditional students are encouraged to apply.

Previous recipients and applicants of the GCMH Foundation Health Care Career Scholarships are encouraged to apply.

Failure to complete all parts of the application process as directed will lead to disqualification.

Application:

To apply, complete the application form and provide three (3) reference forms. All items on the application checklist must be submitted with completed application. Incomplete applications will be disqualified. Applications must be received at the following address no later than 4:30 p.m. May 31, 2021:

GCMH Foundation Scholarship
c/o Keely Harken
201 East J Avenue
Grundy Center, IA 50638

References:

Applicant must submit **three (3)** references with the completed application form. **References must be received in a sealed envelope with the signature of the person completing the reference over the seal.**

- One reference must be completed by someone at the school you are currently attending. (if you are in online only school and cannot obtain a reference from someone at your school please submit another appropriate reference in its place)
- If you are currently employed, at least one reference must be completed by a supervisor at your place of employment. **If you are currently employed by Grundy County Memorial Hospital, one reference must be completed by your department manager.**
- References may be completed by individuals the applicant is currently associated with through work, school, or a community organization. This can include: instructors, employer/supervisors, academic advisors, community organization leaders/supervisors, or anyone else who can attest to your educational and professional potential.
- References should not be completed by family members or friends.

Winners will be notified by mail no later than July 31, 2021. Awards will be paid directly to the educational institution where the scholarship recipient is currently enrolled after verification of enrollment is received by the GCMH Foundation.

2021 GCMH Foundation Health Care Scholarship Opportunities

- Sara Lee Yoder Scholarships - \$1,500 award (seven)
- Don and Susie Kliebenstein Scholarship - \$1,500 award
- Irene A. Stout Scholarship - \$1,500 award



2021 GCMH Foundation Health Care Career Scholarship Application Form

Health Care Program: (Program currently enrolled in)

Applicant Information:

Name: (First, Middle, Last) _____

Permanent Mailing Address (Street, Apt #): _____

City: _____ County: _____ State: _____ Zip: _____

Cell Phone # _____ Date of Birth: _____

E-mail Address: _____

Education: Education completed: High School Diploma or GED

Years completed in College: 1 2 3 4 5 6

High School Attended: _____

Location of High School: (City, State) _____ Graduation Date: _____

College/University Attended and Location: _____

Dates Attended: _____ Graduation Date: _____ Degree Earned: _____

College/University Attended and Location: _____

Dates Attended: _____ Graduation Date: _____ Degree Earned: _____

College/University Attended and Location: _____

Dates Attended: _____ Graduation Date: _____ Degree Earned: _____

College/University Attended and Location: _____

Dates Attended: _____ Graduation Date: _____ Degree Earned: _____

Are you officially accepted into an approved health care program? _____

What approved health care program are you enrolled in? _____

How many total credits have you completed in your health care education? _____

***Personal Statement:** Attach a typewritten personal statement, not to exceed 350 words, about your educational and career objectives, long-term goals, a statement of financial need, and your decision to work in the healthcare field. Please address whether or not you would apply for a job at the Grundy County Memorial Hospital if the opportunity were available.

Professional or Business Experience: (Attach additional page if necessary. Please include experience related to your chosen healthcare field.)

Dates of Employment	Employer	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Professional and Collegiate Honors/Awards

Community Service: (Include past year experience only and list dates involved. Only include involvement in clubs and organizations if actively volunteering.)

Certifications:

Application Checklist:

- Completed application
- Typewritten personal statement
- Transcripts from graduating high school and the most recent college/university attended
 - If you have previously applied for this scholarship, you do not need to resubmit your high school transcripts
- **Three (3)** reference forms in **sealed envelopes signed across the seal by the person completing the reference** (Reminder: If you are employed by GCMH, one reference **MUST** be completed by your department manager.)

I acknowledge all decisions of GCMH Foundation Scholarship Committee are final. I certify that I meet the basic eligibility requirements of the program as described in the informational letter and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of any information I have given on this form. Falsification of information may result in termination of any scholarship granted.

Applicant's Signature _____ **Date** _____



2021 GCMH Foundation Health Care Career Scholarship Reference Form

Printed Applicant Name: _____ **Date:** _____

Applicant Signature for Release of Information: _____

***Please include a letter with specific examples about why this applicant should receive a GCMH Foundation Health Care Career Scholarship.**

Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below:

Skill	Exceptional	Above Average	Average	Below Average	Not Able to Respond
Communication Skills: Written					
Oral					
Organizational Skill					
Adaptability to Stress					
Qualities of Leadership					
Interpersonal skills in working with peers, other disciplines, clients/families, faculty/staff					
Dependability/Attendance/Completion of assignments					
Positive Attitude					
Integrity					
Ability to plan					
Flexibility					
Professionalism					

My recommendation is: Highly Recommend Recommend Do Not Recommend

Printed Name of Person Making Recommendation: _____ **Date:** _____

Business and Position Held: _____

Address: _____

Work Telephone #: _____

Signature of Person Making Recommendation: _____