



Winneshiek

M E D I C A L C E N T E R

**Auxiliary Health Careers
Scholarship**

WMC Auxiliary Health Careers Scholarship

The Winneshiek Medical Center Auxiliary provides an annual scholarship to encourage interested residents of Winneshiek County to enter health career professions.

SCHOLARSHIP QUALIFICATIONS

1. The applicant must be a high school graduate (possess H.S. equivalency certificate) or a high school senior.
2. The applicant must display the ability to profit from his or her chosen health career profession.
3. **Applicants must be residents of Winneshiek County enrolled in an Iowa Health Career Program.**
4. The applicant must be accepted into an approved health career profession program by March 15th, 2010.
5. Students are eligible once they have received their letter of acceptance into their Health Career Program.

SCHOLARSHIP STIPULATIONS

1. **The recipient must correspond with the scholarship committee regarding his or her academic and related progress. This report is due one year following the scholarship award.**

SCHOLARSHIP APPLICATION

1. The applicant is to complete the WMC Auxiliary Health Career Scholarship Application and provide **three personal references** from persons other than immediate family, e.g. school personnel, employers, etc. The application and personal reference forms may be obtained at Winneshiek Medical Center Community Relations Office or online at www.winmedical.org.
2. The applicant will provide the Auxiliary Scholarship Committee with a copy of the acceptance letter from his/her health career program from the accredited school.
3. The entire application form is to be completed and returned no later than **March 15th** to the Scholarship Chairperson. This includes personal references. Return to: Winneshiek Medical Center, Community Programs Coordinator, 901 Montgomery, Decorah, IA 52101.

SCHOLARSHIP SELECTION

1. The WMC Auxiliary Scholarship Committee will make the selection based upon the application and scholarship qualifications. Finalists may be asked to participate in a personal interview.
2. The scholarship recipient will be notified no later than April 5th.
3. A scholarship will be awarded to an individual only once.

WINNESHIEK MEDICAL CENTER AUXILIARY
HEALTH CAREER SCHOLARSHIP APPLICATION

APPLICANT'S NAME _____
Last First Middle

ADDRESS: _____
Street City County State Zip

PHONE NUMBER: HOME _____ WORK _____

PARENTS/SPOUSE NAME: _____

ADDRESS: _____
Street City County State Zip

FATHER'S/MOTHER'S OCCUPATION: _____

SPOUSE'S OCCUPATION: _____

DATE OF BIRTH _____ NUMBER OF DEPENDENT BROTHER(S) & SISTER(S) _____

NAME OF HEALTH CAREER PROGRAM _____

LENGTH OF PROGRAM _____

NAME OF SCHOOL _____

ADDRESS: _____
Street City County State Zip

LAST HIGH SCHOOL/COLLEGE ATTENDED _____

ADDRESS: _____
Street City County State Zip

YEAR OF GRADUATION _____ CLASS RANK _____ GRADE POINT AVERAGE _____

PLEASE PROVIDE THREE PERSONAL REFERENCES. (NO IMMEDIATE FAMILY)

PLEASE PROVIDE A COPY OF ACCEPTANCE LETTER INTO IOWA HEALTH CAREER PROGRAM.

ON A SEPARATE SHEET OF PAPER, PLEASE COMMENT ON THE FOLLOWING ITEMS. (Please type)

1. YOUR NEED FOR FINANCIAL ASSISTANCE
2. THE ANTICIPATED COSTS OF SCHOOL
3. FINANCIAL ASSISTANCE & AMOUNT YOU ANTICIPATE RECEIVING FROM OTHER SOURCES
4. PARTICIPATION IN EXTRA-CURRICULAR ACTIVITIES
5. HONORS WHICH YOU HAVE RECEIVED
6. REASONS FOR ENTERING THIS FIELD OF TRAINING

THIS APPLICATION MUST POSTMARKED NO LATER THAN MARCH 15th, 2010, TO BE FILED WITH THE SCHOLARSHIP CHAIRMAN OF THE WINNESHIEK MEDICAL CENTER AUXILIARY.

WINNESHIEK MEDICAL CENTER
AUXILIARY
Health Career Scholarship

Personal Reference

Name of Applicant: _____

Personal Traits Summation

	Superior	Above Average	Average	Below Average
Citizenship				
Character				
Reliability				
Leadership				
Professional Appearance				

General Remarks (please comment):

Position

Date

Signature

**Please return to:
Winneshiek Medical Center
Auxiliary Scholarship Chairperson
901 Montgomery Street
Decorah, IA 52101**

Form due to WMC by March 15th, 2010.

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