



**Friends of Henry County Health Center
Loan/Scholarship Application**

(To complete this application, you must print the document. Please write legibly on the lines provided, or type answers in a Word document to attach to the application.)

1. **Name:** _____

2. **Address:** _____

3. **Telephone:** _____

4. **In what community activities, organizations, or church activities are you actively involved? Please describe your involvement. How long have you been active in these organizations?**

5. **What are your educational goals?** _____

6. **How are you pursuing this goal/goals?**

7. What school will you attend? Are you currently enrolled or have you received notice of acceptance?

8. What program are you enrolled in? What is the length of the program and anticipated date of graduation?

9. What high school did you graduate from and what was your GPA? If you have completed some college/advanced training, please list certifications and attach college transcripts.

10. How do you anticipate financing your education? Please check the appropriate categories and explain.

_____ **Parental/Family Support** _____

_____ **Personal Savings** _____

_____ **Employment** _____

_____ **Other scholarships/loans** _____

_____ Other _____

11. If you have applied for federal aid, please attach page 1 of the Student Aid Report (SAR). May we contact your college Financial Aid Office to clarify any questions we have?

12. If you have been employed during the past five years, please list your supervisors. May we contact them?

13. Are you a previous HCHC Loan/Scholarship recipient? If so, what year did you receive scholarship funds? **If you have not received a Loan/Scholarship in the past, please submit two (2) letters of general recommendation with this application.**

14. Please explain why you feel you deserve this loan/ scholarship.

15. All first-time applicants are asked to contact the Henry County Health Center supervisor in your field of interest and schedule a brief interview. The purpose is for prospective candidates to be introduced to HCHC and learn a little bit about their field of interest. Please use this as an opportunity to speak candidly and find out about training and education requirements, benefits, career choices, and pitfalls.

SIGNATURE OF HCHC SUPERVISOR: _____ DATE: _____

<u>Department</u>	<u>HCHC Supervisor's Name</u>	<u>Phone</u>
Diagnostic Services	Berdelle Severson	385-6158
Laboratory	Dawn Heald	385-6148
Nursing	Allison Clarke	385-6554
Pharmacy	John Vallandingham	385-6109
Emergency Medical Services	Heather Kleemeyer	385-6555
Respiratory Care	Devan Rhum	385-6178

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Friends of Henry County Health Center are offering Loans/Scholarships to deserving individuals interested in a health occupation. Applicants must be a resident of Henry County or a present employee of Henry County Health Center, or a member of the immediate family of a Henry County Health Center employee. Applicants are not restricted to programs within the State of Iowa, but Henry County Health Center reserves the right to review the program.

The loan/scholarship limit is \$2,000 per year per individual. These funds have been designated as a Loan/Scholarship because the recipient will be asked to sign an agreement with the Health Center stating they will work at Henry County Health Center after graduation and licensing for at least two years. Up to \$1,000 per year will be waived as the individual fulfills their obligation.

Successful applicants from previous years will need to reapply each year to be considered for additional funding.

Successful applicants may apply funding to qualified coursework, beginning with the upcoming session.

Submit completed application to: Public Information Department
Scholarship Committee
Henry County Health Center
407 South White Street
Mt. Pleasant, IA 52641

Deadline: NOVEMBER 30, 2022

The above information is accurate and complete to the best of my knowledge.

Scholarship Applicant Signature

Date