



### Continuing College Scholarship Application

Please fill in all information below. All information is confidential. Incomplete applications will not be accepted.

#### PROGRAM OF STUDY

Program in which you are enrolled \_\_\_\_\_

Anticipated graduation date \_\_\_\_\_

Current year \_\_\_\_\_

#### APPLICANT INFORMATION

Name (Last, First, Middle Initial) \_\_\_\_\_

Maiden name/other names used		Telephone	
Mailing address	City	State	Zip
Email address		Cell phone	
Permanent mailing address	City	State	Zip

Where do you want scholarship correspondence sent? (Check all that apply)     Email     Current Address     Permanent Address

#### EDUCATION

**IMPORTANT:** Please submit official transcripts for each secondary and post-secondary academic institution attended. If you have a GED, include the STET transcript with signature. High school transcripts are not required if proof of 24 college-credit hours with grades and GPA are sent.

\*\*Auxiliary scholarship applicants must include two recommendation letters from people who are not relatives.  
 \*\*Past recipients of auxiliary high school scholarships must include one new recommendation letter from a non-relative.

High school, location		Graduation date		
College/university, location	Dates attended	Hours	Graduation date	Degree earned
College/university, location	Dates attended	Hours	Graduation date	Degree earned
College/university, location	Dates attended	Hours	Graduation date	Degree earned

#### EMPLOYMENT AND FINANCIAL AID

Are you currently employed?	Job title:  Start date:	Are you receiving any financial aid or scholarships? If yes, please list:
Name and address of employer	Tuition	\$ _____
	Room and board	\$ _____

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Use extra sheets for information as needed.

CAREER GOALS AND ACTIVITIES		
Community Activities		
Organization / Events	Role	Date

Why are you pursuing a career in the health care field?

If I am awarded a scholarship, I grant permission for a publicity release that includes my name, school, field of study and amount of my scholarship.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

The application deadline is April 1. Submit your application to Auxiliary Scholarship, Volunteer Services, Southeast Iowa Regional Medical Center, 1221 S. Gear Ave., West Burlington, IA 52655.

## Continuing Education Scholarship Details

This scholarship is for students who have completed their freshman year of college. They must be studying **for a health care career**.

Scholarships must be used for the academic year awarded. They are not renewable. Failure to use the scholarship will result in its forfeiture unless a deferral is granted by the Southeast Iowa Regional Medical Center Auxiliary Scholarship Committee.

Half of the scholarship is given each semester. The college or student must provide a course schedule and evidence of registration to Southeast Iowa Regional Medical Center Auxiliary each semester before funds will be released. **Payments will be made directly to the college.**

Please make sure your application is complete. Incomplete applications will not be accepted.

- All sections completed on pages 1 and 2
- Signatures and dates completed
- Transcript enclosed or mailed separately. High school transcripts are not required if the college transcript shows at least 24 college credit hours with grades and GPA included.
- Two recommendation letters (for new applicants only)
- One new recommendation letter (for past auxiliary scholarship recipients only)

### Mail your completed application to:

Auxiliary Scholarship

Volunteer Services, Southeast Iowa Regional Medical Center

1221 S. Gear Ave.

West Burlington, IA 52655

**Applications are due by April 1.**