

# **Mahaska Health Partnership Auxiliary Guidelines for Selection of Scholarship Candidate**

## **Application Form**

1. Applicant must be a resident of the Mahaska Health Partnership service area and be pursuing a career in a health related field. Students must be currently enrolled in **North Mahaska** and **Oskaloosa Community Schools** with an expected graduation date of May 2018.
2. Financial need may be a consideration. Decision is not based entirely on need, however, if choice is equal on two candidates, then such need may become a determining factor.
3. Letters of recommendation must accompany application. These should be from school (former teacher or administrator), business person, or employer (either former or present), and a person familiar with applicant's character. These letters should not be from a relative. This will demonstrate moral character.
4. The scholarships will be available to current graduating high school seniors.
5. Personal interviews may be requested for further clarification of applicant's application and character.
6. **Applications must be received by April 6<sup>th</sup>.**
7. Applications are available at schools (listed above) and at MHP entrances #1 and #4.
8. A transcript should accompany the application.
9. Scholarship Committee will select suitable candidates and the Hospital Auxiliary Committee will approve the selections.
10. Applications should be returned to Mahaska Health Partnership Attn: MHP Volunteer Coordinator, 1229 C Ave. E., Oskaloosa, IA 52577.

## **Award**

1. The student selected will be notified by phone or letter following the Board Meeting. **Payment will then be made directly to the school the student is attending for tuition purposes only for the upcoming academic year, upon proof of registration.**
2. A MHP Auxiliary representative will award the scholarships at the school awards program. A photo will be taken of recipients at time of presentation, if possible for, publicity purposes.

# Mahaska Health Partnership Scholarship

## APPLICATION FORM

These college scholarships are for **TUITION purposes ONLY**, and are available to current high school graduates attending an accredited school leading to a health related career.

### Qualifications:

1. Must be pursuing a health related career.
2. Must be a current resident of the Mahaska Health Partnership service area.
3. Must be a current graduating high school senior at Oskaloosa or North Mahaska Schools.
4. Financial need may be a consideration.
5. Must be accepted by an accredited school of your choice
6. Personal interviews may be requested.
7. **Applications must be received by April 6<sup>th</sup>.**

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Name \_\_\_\_\_ Age \_\_\_\_ SS # \_\_\_\_\_

Parent/Guardian/Spouse \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Name of School Now Attending \_\_\_\_\_ Grade Point Average \_\_\_\_\_

Name of School Accepted By \_\_\_\_\_

Health Occupation Career you Plan to Pursue \_\_\_\_\_

Length of course applying for \_\_\_\_\_ Average Semester Cost \_\_\_\_\_

Have you received any financial aid this year or in past years? If yes, please state from whom and the amount.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please write a brief statement of why you're seeking this scholarship; include future plans. (Please attach an additional sheet if more space is needed.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Discuss how Mahaska Health Partnership (or other healthcare facilities) have benefited you and your family:

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Please list any extra-curricular activities and any jobs held:

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Family's income as reported on **previous year's** tax returns: \_\_\_\_\_

Number of children in family and place in school: \_\_\_\_\_

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The above information is correct and accurately stated

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Please include the following:

1. Letters of reference from:
  - a. School (former teacher or administrator)
  - b. Business person or past/present employer
  - c. A person familiar with your character -- NOT a relative.
2. A copy of your transcript.

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Upon completion, return scholarship application and all necessary attachments by **April 6<sup>th</sup>** to:

Mahaska Health Partnership  
ATTN: Volunteer Coordinator  
1229 C Ave. East  
Oskaloosa, IA 52577