

DAVIS COUNTY HOSPITAL & CLINICS HEALTH SERVICES EDUCATION SCHOLARSHIP

SCHOLARSHIP APPLICATION

Davis County Hospital & Clinics will be awarding at least two \$500 scholarships to two or more applicants. Although applicants are preferred to reside in Davis County, those living outside of Davis County will be considered. This scholarship was established to assist individuals pursuing a career in a healthcare related field, which may include Nursing, Radiology, Laboratory, Respiratory Therapy, Physical Therapy, Occupational Therapy, Speech Therapy, Pharmacy, Medicine, Health Information Management, etc.

A broad-based criterion is used in the selection process. The main criteria is a demonstrated commitment to post-secondary education in a healthcare related field. An applicants' academic record, school and community involvement, community service, instructor recommendations, and written communication skills will be considered.

Anyone who feels they meet the criteria for eligibility are encouraged to apply. A copy of the application may be obtained from the Davis County Hospital & Clinics Human Resources Department or online at www.DCHC.org in the "About Us" tab. Applications and supporting materials must be received or postmarked no later than March 31st, 2022 to be considered by the committee. From all scholarships received the, the scholarship committee will select the number of scholarships given. Eligible individuals (including prior recipients) are encouraged to apply each year.

Completed applications can be dropped off at Human Resources or mailed to.

**Davis County Hospital & Clinics
Health Services Education
Scholarship Selection Committee
C/O Human Resources
509 North Madison
Bloomfield, Iowa 52537
P: 641-664-2145**

Selected applicants will be notified by DCHC Human Resources who will make arrangements for the scholarship to be picked up or mailed. A list of scholarship recipients can be found on the DCHC website on or around June 1st.

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SCHOLARSHIP APPLICATION

1. Identification Data (type or print)

Name: _____
First Middle Last

Street Address (or PO Box): _____

City: _____ State/Zip: _____

Phone Number(s): _____

Email Address: _____

High School attended: _____

College: _____

Intended School Major: _____

2. Academic Record

Grade Point Average _____

If known and available, please include Rank in Class: _____ Number in Class: _____

3. Essay (2-3 pages)

Please include the following subheadings:

- **Personal Resume** – Write about yourself, your home, your family, and interests in a way which will give the committee the best picture of you as an individual. Share what inspires you to pursue a career in healthcare.
 - **COVID Impact** - How did the COVID pandemic impact your life or shift your priorities?
 - **School/College activities** – Describe activities in which you have participated during your high school and/or college career. Include any health-related-courses you have taken (ex. CPR, CNA, First Aid, Personal/Consumer Health).
 - **Community Service** – Describe the ways in which you, as a volunteer, have been of service or had influence on your community. Please include approximate dates of involvement/service and indicate any leadership roles you may have had.
 - **Enrichment/Community** - How do you think your education choice will enrich your life and your community? What are some important issues facing your field of study today? If you had the ability to change your community in a positive way, what change(s) would you make?
 - **Future** - Where do you see yourself in 10 years?
4. Transcript of grades (High school or College) - must accompany this application
5. Testimonial from two references, one from each of the following:
- Reference #1 - A recent instructor, teacher, coach, etc.
 - Reference #2 - An employment related reference. If you are unable to obtain an employment related reference, a church or civic reference may be used.
6. Proof of acceptance in a health care related field in an accredited institution on institution letterhead or similar document with student name included.
7. Please indicate any special financial circumstances that you believe are relevant for this scholarship.

Applicants Signature: _____ Date: _____

Mail to:

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