

DAVIS COUNTY HOSPITAL & CLINICS HEALTH SERVICES EDUCATION SCHOLARSHIP

SCHOLARSHIP APPLICATION

The Davis County Hospital & Clinics will be awarding at least two \$500 scholarships to two or more applicants. The applicants are preferred to reside in Davis County, but those living outside of Davis County will be considered as well. This scholarship is designed 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 principle criterion 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 are also considered.

Anyone who feels they meet the criteria for eligibility are encouraged to submit an application. A copy of the application may be obtained from the Davis County Hospital 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, 2021 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 and arrangements can be made for the scholarship to be awarded. 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

Address: _____

Street or PO Box

City

State/Zip

Phone Number(s): _____

Email Address: _____

High School: _____

College: _____

Intended School Major: _____

2. Academic Record

Grade Point Average _____

If know 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, family and interests, and give reasons for pursuing a career in healthcare in a way which will give the committee the best picture of you as an individual.
 - 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 to your community. Please include approximate dates of involvement/service and indicate any leadership roles you may have had.
 - How do you think your education choice will enrich your life and your community?
 - 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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