



For committee only <input type="checkbox"/> High school <input type="checkbox"/> Family Member <input type="checkbox"/> Employee
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**SIOUX CENTER HEALTH SCHOLARSHIP APPLICATION**

**Please Print Neatly or Type All Information**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

If you are a student, Parents' Name(s): \_\_\_\_\_

School currently attending: \_\_\_\_\_  Not in school

Year/grade: \_\_\_\_\_ Current grade point average? \_\_\_\_\_

Are you or a family member currently employed at Sioux Center Health?  No  I am  a Family Member

In what position? \_\_\_\_\_ If family, what relationship to you? \_\_\_\_\_

College, University or Vocational School you plan to attend:

Name: \_\_\_\_\_

City, State: \_\_\_\_\_

Are you currently enrolled or have been accepted for enrollment?  Yes  No

Health care career planning to pursue: \_\_\_\_\_

How will your education benefit or impact Sioux Center Health? \_\_\_\_\_

List school or extracurricular activities you are involved in: \_\_\_\_\_

List community service or activities you are involved in: \_\_\_\_\_

List any healthcare related volunteer service you have done: \_\_\_\_\_

Have you received a scholarship from Sioux Center Health before?  Yes  No

Have you applied for a Sioux Center Health Scholarship before?  Yes  No

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- ✓ **On a separate piece of paper, briefly describe why you have chosen the health care field you plan to pursue.**
  - ✓ **Please submit a letter of reference from one of your teachers or a supervisor (work or volunteer).**
  - ✓ **Application due by March 14, 2015**

✓ **Return application to:** Sioux Center Health Foundation Scholarship  
Foundation Director  
1101 9<sup>th</sup> St SE  
Sioux Center, IA 51250