



For committee only
<input type="checkbox"/> High school
<input type="checkbox"/> Family Member
<input type="checkbox"/> Employee
<input type="checkbox"/> College

SIOUX CENTER HEALTH SCHOLARSHIP APPLICATION

Please Print Neatly or Type All Information

Name: _____ Telephone: _____

Address: _____

City, State, Zip: _____

Email Address: _____

If you are a high school 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? _____

Current Primary Care Provider/Family Physician: _____

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

- ✓ **On a separate piece of paper, briefly describe why you have chosen a health care related field.**
- ✓ **Please submit a letter of reference from one of your teachers or a supervisor (work or volunteer).**
- ✓ **Please include a copy of your unofficial transcripts, if currently attending college**
- ✓ **Application Deadline: March 16, 2018**
- ✓ **Return Applications to: Sioux Center Health Foundation Scholarship, Attn: Monica Sedelmeier
1101 9th St SE, Sioux Center, IA 51250**