



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

Current Year/Grade: _____ Current grade point average? _____

Year/Grade in Fall 2020: _____

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 in Fall 2020:

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, extracurricular or volunteer activities you are involved in: _____

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 13, 2020**
- ✓ **Return Applications to:** Sioux Center Health
 Foundation Scholarship
 1101 9th St SE
 Sioux Center, IA 51250