



SIoux CENTER HEALTH SCHOLARSHIP APPLICATION

Please Print Neatly or Type All Information

This scholarship is available to 2025 High School graduates and students who are enrolled in secondary education in the Sioux Center Health service area, or students who choose to have their medical care with Sioux Center Health.

This scholarship is for students who are entering into a healthcare profession.

The amount of this scholarship is \$750 for high school graduates and \$1,500 for secondary enrolled students. It may be applied for multiple years. It is the responsibility of the student to apply for additional years, should they choose.

For the student to be considered for the Sioux Center Health Scholarship, he/she must submit the following application, along with the necessary documentation to Sioux Center Health, delivered no later than March 6, 2025. Early submissions are encouraged.

Additional Documentation Required:

1. Scholarship Application, with signature.
2. Copy of (unofficial) transcript.
3. Letter of reference from a teacher or supervisor (work or volunteer).
4. On a separate piece of paper, describe why you have chosen a health care related field. Make your case to the selection committee in specific terms relating to personal circumstances, why being a healthcare employee is important to you. Include how your education could benefit or impact Sioux Center Health.

Mail or Deliver to the following address by 4 p.m. on March 6, 2025:

Sioux Center Health Foundation
Attn: Healthcare Scholarship
1101 9th St SE
Sioux Center, IA 51250

Failure to meet the due date or to include ALL documentation will result in indelibility of the application.



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Name:

Address:

City, State, ZIP:

Telephone:

E-mail:

School Currently Attending:

Current 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:

Current Primary Care Provider/Family Physician:

College, University or Vocational School you plan to attend in Fall 2025:

Name:

City, State:

Healthcare profession you are planning to pursue:

**Please tell us about any extracurricular activities and volunteer activities you have participated in.
(Attach an additional page if necessary.)**

Have you received a scholarship from Sioux Center Health before?

Have you applied for a scholarship from Sioux Center Health before?



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I authorize Sioux Center Health Foundation to release my name to the public if I am a recipient of a Sioux Center Health Foundation Scholarship. I authorize the use of my photo for Sioux Center Health for images, photos on social media and additional sources.

Applicant Name:

Applicant Signature:

Date Submitted: