----------Date Received_____
(Auxiliary Use)

Greater Regional Health Auxiliary Scholarship Application

Complete the following information as neatly and completely as possible. Please type to complete the questions or complete online at greaterregional.org under the about tab. Scholarship applications and accompanying materials must be submitted prior to April 9, 2021. Please contact Patty Marean, 782-7426, or Jordan Crawford Volunteer Services Coordinator, 782-3553 with questions.

Follow Attached Criteria Guidelines: Today's Date _____

Personal Information:

Name _____
First Middle Last

Address _____

_____
City State Zip

Telephone _____ Date of Birth _____

Family:

Parents' Names _____

_____

Parents' Address(es) _____

Parents' and/or Spouse's Occupation (s) _____

_____

Sibling(s) _____ Age _____

_____ Age _____

_____ Age _____

Siblings currently in higher education:

Sibling _____ Institution _____

Sibling _____ Institution _____

School:

Name of high school _____

Approximate graduation grade point _____

Approximate graduation class rank _____ in class of _____

Date of graduation _____

Counselor's Name _____ Business Phone _____

School clubs, activities, awards _____

_____

_____

Please attach a copy of your transcripts (high school, college, university).

Volunteer Experience:

Currently an active GRMC volunteer? Yes ___ No ____ If yes, service area _____

Other community service during the past four years _____

_____

_____

Future Plans:

College/Institution where you plan to attend _____

City/State _____

Have you been accepted? _____ Major area of study _____

Have you received other scholarships? Yes ___ No _____ Please specify _____

_____

Do you plan to work part-time while attending school? Yes ___ No _____Please explain _____

_____

Miscellaneous:

Special interests, hobbies _____

_____

_____

Work experience, past or present _____

_____

_____

Please complete the following questions as fully as possible in narrative form. Use only the space provided.

Describe the importance of this scholarship in fulfilling your educational plans. (Include in detail family income/need, person responsible for paying for your education, other sources of aid you will receive, etc.)

What are your present and future goals? (Include career plans, personal growth, educational goals, etc.)

References:

Name and address of two character references. These people must write a letter of reference to be attached to this application (at least one should be a teacher or school official and the other from the community).

1. _____
Name Address Phone

2. _____
Name Address Phone

Date _____ Signature _____

Mail to:
Patty Marean
702 W. Devoe St.
Creston, Iowa 50801

The scholarship committee will review all applications. Recipients will be notified via telephone call sometime after April 20, 2021, if they have been awarded a scholarship. All applicants will receive a written notice whether they have been awarded a scholarship. Thank you for your application.