

AUXILIARY SCHOLARSHIP APPLICATION

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Indicate: High School Senior Current BVRMC Employee Family Member of Current BVRMC Employee of 1 year or more - Child or Stepchild.
School must be within 40 mile radius of BVRMC. Employee Name: _____

REFERENCES: Attach one written letter of reference **written on letterhead.**

Major Pursuing in College: _____

College Applied to: _____

EDUCATION

Educational Background: (Most recent or current educational institution.)

School: _____ Degree: _____
(If applicable.)

Cumulative GPA: _____ ***Include Transcripts**

Other Educational Institutions:

School: _____ Degree: _____

School: _____ Degree: _____

Additional Educational Experiences: (Certifications, training, etc.)

Program: _____

Program: _____

FUTURE PLANS

Please outline your plans for completing the degree program, including whether you plan to work while attending school. Additionally, describe your professional goals and explain how earning this degree will help you achieve them.

BRIEF STATEMENT

Please briefly explain why you're seeking financial assistance and note any special circumstances affecting your need. (You may attach a separate sheet.)

EXTRACURRICULAR SCHOOL ACTIVITIES			
Activity (Club/Sport)		Years Participated	
WORK EXPERIENCE			
Company/Business	Years Employed	Job Title/Description	(✓) if Health Care Related
VOLUNTEERISM			
Organization		Years Participated	
AWARDS/HONORS			
Awards/Honors Received		Year	

Applicant Signature: _____ **Date:** _____

Complete the application and return it, along with the written reference, to the following address:

Buena Vista Regional Medical Center
Auxiliary Scholarship Program
Lisa Alesch, Volunteer Services Coordinator
1525 West 5th Street
PO Box 309
Storm Lake, IA 50588

Applications must be complete and postmarked by March 31 to be considered.