

## Buena Vista Regional Medical Center Auxiliary Scholarship Program Guidelines

Our mission is to support BVRMC in providing premium healthcare services to those in our region. We want to benefit the hospital, its employees and the surrounding communities by offering 3 scholarships. Students may apply for one or more of the following categories:

1. Applicant must be a high school senior, attending a high school within a radius of 40 miles to BVRMC, pursuing an education in a health related field of educational study. Health related field includes many areas beyond nursing; including radiology, physical therapy, paramedic and other careers in the medical field. Scholarships are not need based.  
*Recipient will receive funds upon completion of fall 2024 semester.  
(see explanation below)*
  2. Applicant must be a child or stepchild of a BVRMC Employee (who has been employed by BVRMC for 1 year) and pursuing an education in a health related field. Not need based. *Recipient will receive funds upon completion of fall 2023 semester. (see explanation below)*
  3. Applicant must be an employee of BVRMC (who has been employed by BVRMC for 1 year) wanting to continue their education in the medical field. Not need based. *Recipient will receive funds upon completion of fall 2024 semester. (see explanation below)*
- The applications are sent to the guidance counselors in September, 2023 and are due postmarked no later than March 31, 2024. **Applications available at [www.bvrmc.org](http://www.bvrmc.org) or by contacting Lisa Alesch @712.213.8619.**
  - The committee will meet during the first few weeks of April, 2024 to evaluate the applications.
  - The scholarship recipients will be notified no later than April 30, 2024.
  - A recipient may receive only two scholarships in their lifetime.
  - Scholarships will be awarded by criteria/point scoring system in place.
  - Scholarship winners must complete 2024 fall semester of school & present grades at the December 2024 coffee held, when money is received.



Applicants are only permitted to be awarded the scholarship twice in their lifetime and must pursue a degree in a health related field.

AUXILIARY SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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: \_\_\_\_\_

Program: \_\_\_\_\_

WORK EXPERIENCE

Current Position: \_\_\_\_\_

Location: \_\_\_\_\_

Average number of hours worked per week: \_\_\_\_\_

Dates of employment: \_\_\_\_\_

Previous health care experience and dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

**PERSONAL ACHIEVEMENTS** (can be on attached sheet)

List items in which you participated and how many years involved with each for the last four years.

1. Activities/Volunteer Work: \_\_\_\_\_  
\_\_\_\_\_
2. Honors: \_\_\_\_\_  
\_\_\_\_\_
3. Organizational Involvements: \_\_\_\_\_  
\_\_\_\_\_

In a brief statement, please explain why you are seeking financial assistance from the BVRMC Auxiliary and any unusual circumstance that affects your need for assistance: (Can be on an attached sheet.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**On an attached sheet, please explain your plans for the completion of the degree program and your employment plans if you expect to be working while attending school. In addition, please describe your professional goals and how the completion of this degree will assist you in reaching those goals.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete the application form and return it, along with the written reference and essay of future plans 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 should be postmarked by March 31  
and must be complete to be considered for the scholarships.**