



Applicants are only permitted to be awarded the scholarship twice in their lifetime.

AUXILIARY SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

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

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

Indicate:  High School Senior  BVRMC Employee (Current)  Family Member of BVRMC Employee of 1 year or more Child OR Stepchild

Major Pursuing in College: \_\_\_\_\_

EDUCATION

Educational Background: (Most recent or current educational institution)

School: \_\_\_\_\_ Degree: \_\_\_\_\_

Other Educational Institutions:

School: \_\_\_\_\_ Degree: \_\_\_\_\_

School: \_\_\_\_\_ Degree: \_\_\_\_\_

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

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

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

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

Where applicable: GPA \_\_\_\_\_ Class Rank \_\_\_\_\_ \* Include transcripts

WORK EXPERIENCE

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

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

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

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

Previous healthcare experience:

\_\_\_\_\_

\_\_\_\_\_ over →

References: (Include name, position and address for three professional or personal references (from a non-relative) and attach one written letter of reference written on letterhead/stationery)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_
2. Honors: \_\_\_\_\_  
\_\_\_\_\_
3. Organizational Involvements (includes community): \_\_\_\_\_  
\_\_\_\_\_

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:

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

**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  
Mary Drey, Volunteer Services Coordinator  
1525 West 5<sup>th</sup> Street  
PO Box 309  
Storm Lake, IA 50588

**Applications should be postmarked by March 31 and must be complete.**  
The scholarship committee will review all applications and notify recipients in April.