

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 5th 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.