



# Pocahontas Healthcare Foundation

606 NW 7<sup>th</sup> St. Pocahontas, IA 50574

## Pocahontas Healthcare Foundation 2018 Scholarship Application

Application Deadline: **April 15<sup>th</sup>, 2018**  
(MUST BE POSTMARKED BY THIS DATE)

**Purpose:** To help area high school seniors undertake a career in healthcare by providing scholarship funds for their educational expenses.

**Guidelines:** High school seniors who attend Pocahontas Area Community High School or the child of an employee of Pocahontas Community Hospital or UnityPoint Clinics – Pocahontas, Manson or Laurens are eligible to apply for this scholarship as long as they will be attending an accredited educational institution in pursuit of a career in the field of healthcare.

Scholarship funds may be used to cover legitimate educational expenses including tuition, books, room and board, and other reasonable expenses and **are paid directly to the student – recipient must furnish proof of enrollment into college to receive their scholarship money or it will be forfeited.**

The individual scholarship award will be \$500 or more.

### **PERSONAL DATA:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Parent(s) or Guardian: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

**EDUCATIONAL HISTORY:**

High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Name of College or University Accepted: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Degree Sought: \_\_\_\_\_

Brief Summary of Career Plans: \_\_\_\_\_

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

**FINANCIAL INFORMATION:**

Estimated cost of: Tuition: \_\_\_\_\_

Books: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

Total Anticipated Cost: \_\_\_\_\_

**WORK EXPERIENCE:**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, average number of hours worked/week \_\_\_\_\_

Previous Employer:

**Company & Position**

**Dates:**

**Hours per Week:**

1.) \_\_\_\_\_

**TRANSCRIPT:**

Please submit your high school transcript.

**SUBMIT ONE ESSAY ADDRESSING THE FOLLOWING ISSUE:**

Essay – A brief typed essay describing the meaning this scholarship would have in your educational/professional future and any personal challenges overcome, if any, to achieve your goals.

**SUBMIT APPLICATION PHOTO FOR MEDIA RELEASE:**

Submit a professional-quality, formal pose, wallet-size (2.5” x 3.5”) photo of yourself that may be used for publicity.

**Interview:**

The Scholarship Committee may contact you to arrange for an interview.

**REFERENCES:**

Please identify three people who will furnish references on your behalf. Please avoid using relatives, clergy or close friends. We prefer references from previous teachers, school counselors, school administrators or previous employers. Have each person complete a Reference Report form (attached) and return to Pocahontas Healthcare Foundation to the address listed below. **If the Reference Report forms are not postmarked by the April 15, 2018 deadline, the scholarship application will not be considered.** *Please follow-up with each reference to make sure that it is received by the deadline.*

1.) Name: \_\_\_\_\_

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

Company/School/Organization: \_\_\_\_\_

City, State: \_\_\_\_\_ Telephone: \_\_\_\_\_

2.) Name: \_\_\_\_\_

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

Company/School/Organization: \_\_\_\_\_

City, State: \_\_\_\_\_ Telephone: \_\_\_\_\_

3.) Name: \_\_\_\_\_

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

Company/School/Organization: \_\_\_\_\_

City, State: \_\_\_\_\_ Telephone: \_\_\_\_\_

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in the termination of any scholarship award granted.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Please return application to: **Pocahontas Healthcare Foundation**  
**James Roetman**  
**606 NW 7<sup>th</sup> St.**  
**Pocahontas, IA 50574**



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## REFERENCE REPORT (required)

**Applicant Name:** \_\_\_\_\_

To be completed by the person making the reference:

You have been asked to provide information in support of this applicant for a *Pocahontas Healthcare Foundation Scholarship*. Please give your prompt and serious attention to the following statement. When complete, please return this form to the address listed below.

All responses will be kept confidential.

**THIS FORM MUST BE POSTMARKED BY APRIL 15, 2018 TO BE  
CONSIDERED FOR THE SCHOLARSHIP**

**To be completed by a teacher, school official, employer, co-worker, advisor, community leader or other person who knows the applicant well and can provide information about the applicant's dedication and past experiences. Note: You may type or print legibly on this form or you may type and submit your own typed document, but it must address the following information:**

**Applicant's Name** \_\_\_\_\_

**Please explain the major qualities or accomplishments the applicant has demonstrated in the following areas. If you are not familiar with the applicant in a particular area, you may skip that attribute or you may substitute another quality that will help us to learn more about the applicant.**

**Character:**

**Leadership:**

**Academic:**

**Work Ethic:**

**Appraiser's Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

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**James Roetman**  
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**Pocahontas, IA 50574**