

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.**