

## Mary Jo Farr Memorial Scholarship Application

Please submit your completed application to the Foundation at the above address. Complete applications consist of these cover sheets and all required attachments (refer to "Scholarship checklist"). These cover sheets must be completed; reference to attachments is not sufficient. **DEADLINE IS MARCH 31.**

1. Full Name of Applicant: \_\_\_\_\_

Address \_\_\_\_\_  
Street/P.O. Box City State Zip County

Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

2. Date of Birth \_\_\_\_\_ Sex  Male  Female

Name of Parents (if under 21) \_\_\_\_\_

3. Institution attending/plan to attend: \_\_\_\_\_

Address \_\_\_\_\_  
Street/P.O. Box City State Zip

Phone (\_\_\_\_\_) \_\_\_\_\_ Will you be a full time student? \_\_\_\_\_

4. Have you been accepted  Yes  No If not, when will you be notified? \_\_\_\_\_

5. What healthcare-related course of study, licensure, or certification does the applicant plan to attain? (please be specific) \_\_\_\_\_

6. Do you or does anyone in your immediate family work at the Manning Plaza? (If no, you are not eligible for this scholarship, please complete the West Central Iowa Healthcare Foundation Scholarship Application instead.)

Who is employed? \_\_\_\_\_

If not applicant, Relationship to applicant: \_\_\_\_\_

How long have you/our family member worked for the Plaza? \_\_\_\_\_

### FINANCIALS

1. Total Annual Cost of Tuition and Books/Supplies \$ \_\_\_\_\_

2. Personal Funds Available \$ \_\_\_\_\_

3. Please describe any other financial concerns you have on the bottom of next page. (not required)

West Central Iowa Healthcare Foundation  
410 Main Street, P.O. Box 204  
Manning, IA 51455  
Phone: 712-655-8116 Fax: 712-655-3330  
wcihf@mmctsu.com

**PLEASE READ THE FOLLOWING CERTIFICATION/PRIVACY STATEMENT AND SIGN BELOW.**

I certify that the information reported above and on any other document or writing completed by me in connection with this Application is true, correct and complete to the best of my knowledge. I authorize the release and exchange of information between the West Central Iowa Healthcare Foundation and any educational institutions that I have listed in the application, and agree that such information exchanged may include, but is not limited to eligibility, financial, enrollment, academic status, identification, residency and location information necessary to assure proper administration of the scholarship. I also authorize the West Central Iowa Healthcare Foundation to release my name as an applicant, my schools attended/attending, my proposed major of study and my award amount, if I am a grantee, for publicity purposes. I further certify that I have read and understand the applicable program and that any willfully false statements made herein may result in my disqualification of current and future awards.

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

**Please refer to the Scholarship Checklist: Application MUST be complete in order to be considered.**

## Scholarship Guidelines

### Scholarship Eligibility/Selection Criteria

- Employment or Family Employment Requirement
  - The Manning Plaza must employ you or family member.
- Letter of support from supervisor/co-worker or family member employed Manning Plaza
- Evidence of a career orientation in a health-care related field
- Financial Need

### Remarks

Eligible individuals may apply at any time between February 1 and March 31<sup>st</sup>. Review of applications will take place during the month of April. Successful applicants will be notified no later than April 30, 2010. Scholarship support in one grant cycle (fiscal year beginning September 1 and ending August 31) does not guarantee support in subsequent years.

Applicants should understand that a decision by the Mary Jo Farr Memorial Scholarship Review Committee to decline funding does not necessarily mean that they disapprove of the educational request or that they do not recognize its merit or need. It is the policy of the West Central Iowa Healthcare Foundation not to provide applicants, successful or otherwise, the reasons why a scholarship was approved or declined.

Scholarship grantees will forward their transcripts to the Foundation after successful completion of their first term following the award. After the Foundation receives the transcript, a check will be award and paid directly to the grantee.

The Foundation Director is available daily, Monday through Friday, 8:00 a.m. to 4:30 p.m., to answer any questions you may have about the Mary Jo Farr Memorial Scholarship process.

## Scholarship Application Checklist

- \_\_\_\_\_ Complete Page One and Two of the Scholarship Application. - REQUIRED
- \_\_\_\_\_ A letter of support from a supervisor or coworker or from family member employed at Plaza. - REQUIRED
- \_\_\_\_\_ Please describe what it is about your experience with the Manning Plaza that has inspired you to pursue a health-related education. (No more than one page) - REQUIRED
- \_\_\_\_\_ Please provide any other information you believe is important in an assessment of your application. This may include any unusual family or personal circumstances that have affected your academic choices or achievement or something of which you are especially proud. (No more than one page) – NOT REQUIRED
- \_\_\_\_\_ Be sure application is signed on page two.

**FAILURE TO SUBMIT REQUIRED SUPPLEMENTAL INFORMATION WILL RESULT IN THE DISQUALIFICATION OF YOUR SCHOLARSHIP APPLICATION.**