

West Central Iowa Healthcare Foundation
313 Main Street, P.O. Box 204
Manning, IA 51455
Phone: 712-655-3624 Fax: 712-655-4124
wcihf@mmctsu.com

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. Name of High School Attended: _____

Address _____
Street/P.O. Box City State Zip County

Phone (_____) _____

4. Dates Attended From _____ To _____ Guidance Counselor: _____

5. Institution attending/plan to attend: _____

Address _____
Street/P.O. Box City State Zip

Phone (_____) _____ Will you be a full time student? _____

6. Have you been accepted Yes No If not, when will you be notified? _____

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

8. When does the applicant expect to graduated/complete? Month _____ Year _____

9. High School GPA _____ Post High School GPA _____

10. If you have attended any other educational institution training program after graduation from high school, please list them here:

Name _____ Dates Attended _____

Address _____
Street/P.O. Box City State Zip County

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Name _____ Dates Attended _____

Address _____
Street/P.O. Box City State Zip County

Name _____ Dates Attended _____

Address _____
Street/P.O. Box City State Zip County

11. Do you or does anyone in your immediate family work at the Manning Regional Healthcare Center, the Manning Family Recovery Center, the Manning Plaza, Manning Community Homecare or the Manning Healthcare Clinic?
 Yes No

If so, Who and where _____

FINANCIALS

1. Please describe any financial concerns you have in the space below.

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

- Geographical Location
 - “Applicant must have a residence in the designated geographical area of Manning, Manilla, Irwin, Aspinwall, Dedham, Coon Rapids, Halbur, Gray or Templeton
 - or attend a high school in the cities of Manning, Manilla, or Coon Rapids.
 - or the Manning Regional Healthcare Center, Manning Family Recovery Center, Manning Plaza, Manning Community Homecare or the Manning Healthcare Clinic must employ you or an immediate family member.”
- An applicant’s academic performance
- Evidence of a career orientation in a health-care related field
- Evidence of leadership/citizenship
- Letters of recommendation supporting application

Remarks

The Scholarship program is dependent upon the Foundation’s allocation of funds for this purpose. Eligible individuals may apply at any time between February 1 and March 31st. 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 Grants Review Committee and subsequently by the Board of Directors 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 grant 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 West Central Iowa Healthcare Foundation scholarship process.

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Scholarship Application Checklist

- _____ Page One and Two of the Scholarship Application

- _____ Transcripts from current or last educational institution

- _____ Two letters of recommendation (One must be from an academic instructor or advisor)

- _____ Please provide a description of school activities, community activities, work experience, awards, or other evidence of leadership/citizenship (No more than one page)

- _____ Please describe your career goals and aspirations. How does your degree contribute to these goals and aspirations? (No more than one page)

- _____ 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. (Not required, but no more than one page)

- _____ Be sure application is completely filled out and signed on page two.

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