

Caring for Our Future

SCHOLARSHIP APPLICATION



Dear Applicant,

The process to apply for a Caring for Our Future scholarship is identified below. This process gives all applicants an equal opportunity. It also ensures the IGNITE Nursing Governance Council receives similar information from all applicants during the selection period.

- 1** All applicants must complete the application **in full** and deliver or mail the application to the Health Education Department, 802 Kenyon Road, Fort Dodge, Iowa 50501. Applications must be **received** (not postmarked) **on or before 3:00 p.m. April 1**. Incomplete or late applications will not be considered by the review committee.
- 2** All applicants must submit an **official transcript**, whether high school or college.
- 3** Applicants must submit a minimum of **three** references, as described in the application. Applicants are responsible for distribution of the reference forms.
- 4** Applicants must also complete a personal goals statement.

Applicants who fail to follow the process as outlined, are ineligible for a scholarship award.

The IGNITE Council will prioritize all applicants based upon academic merit, leadership, career objectives, and personal references. Scholarship recipients are notified by mail in June of each year.

Scholarship awards are applied to both the first and second semester tuition expenses for the academic year. For example, a \$1,000 scholarship would be administered in this fashion; \$500 awarded for the first semester in the fall and \$500 awarded for the second semester **upon receipt of first semester's grade report**. Scholarship funds are paid directly to the college or university. Copies of grade transcripts must be sent, at the student's request, to Health Education Department, 802 Kenyon Road, Fort Dodge, Iowa 50501 at the time of the initial application and before the second semester. Receipt of transcripts by IGNITE Council is an absolute prerequisite before the release of funds.

If you have any questions about the application process, please feel free to contact Alyssa Reekers at (515) 574-6351 between 8:00 a.m. and 4:00 p.m., Monday through Friday.

Thank you.

Caring for Our Future

Scholarship Application



UnityPoint Health
Trinity Regional Medical Center

PLEASE TYPE OR PRINT CLEARLY

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Birthdate: _____
(format: mm/dd/yyyy)

Address While in School: _____

Phone number: _____
(HOME) (WORK) (SCHOOL)

Best time to contact: _____ a.m. p.m. Place to contact: Home Work School

Marital status: Single Married Single parent

College/University you are currently attending (include address & phone #): _____

Do you currently, or have you ever lived in Fort Dodge? Yes No If yes, when? _____

Number of hours enrolled: _____ Major: _____

SPOUSE – PARENT – GUARDIAN (Closest Relation)

Name: _____ Relationship: _____

Address: _____

REFERENCES

Please identify a minimum of three people who will furnish references on your behalf. Please avoid using relatives, clergymen, or close friends. We prefer references from previous teachers, school counselors, school administrators or previous employers.			
Name	Position	Company/School/Organization	City

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Specify how you would benefit from this scholarship:

I attest that I have completed this application to the best of my ability and have answered all questions accurately and honestly with the intent to provide the appropriate information requested. I authorize UnityPoint Health - Fort Dodge to receive either verbally or in writing, information concerning my academic records.

APPLICANT'S SIGNATURE

DATE

Social Security Number: _____

Please return to: Trinity Regional Medical Education Department - Health Education Department
802 Kenyon Road
Fort Dodge, IA 50501
(515) 574-6222

FOR UNITYPOINT HEALTH - FORT DODGE USE ONLY

Application completed in Entirety	_____	Scholarship Eligibility	_____
Grade Transcripts Received	_____ (1st) _____ (2nd)		_____
Personal Goals Submitted	_____		_____
Enrollment Confirmed	_____		_____
Personal References Received	_____ 1 _____ 2 _____ 3		_____
Full-time Student	_____	# of Hours	_____
Part-time Student	_____	# of Hours	_____
Scholarship Awarded	_____	Amount	_____

