

DeKalb Memorial Hospital Auxiliary Scholarship

About the Scholarship

The members of the DeKalb Memorial Hospital Auxiliary devote hundreds of volunteer hours and provide fundraising support for DeKalb Health projects. With this scholarship opportunity the Auxiliary is dedicated to helping individuals who are seeking higher education in a medical field.

Eligibility Criteria

These scholarships are one-time awards of \$1,000 for a current full-time college student pursuing a four-year degree in a healthcare or medical field. Eligible applicants must have completed their freshman year of college and have a permanent residence within DeKalb County (Indiana).

Financial need will be a strong factor in the selection process.

A total of up to three (3) scholarships will be awarded each year.

Although this is a non-renewable award, past recipients may re-apply each year.

Required Forms

Scholarship Cover Page

- Completed Application
- Essay
- Statement of Financial Need
- Two (2) Letters of Recommendation
 - 1 – Personal Recommendation (Non-related)
 - 1 – Professional Recommendation (Select from the following options)
 - Civic Organization co-member (officer, etc.)
 - Volunteer Organization co-member (supervisor, etc.), or
 - Previous employer/business associate
- College Transcript - attach an official copy of your college transcript to your application or have your college or university send it to AWillis@CFDeKalb.org.

Scholarship Payment

Scholarships awarded by Community Foundation DeKalb County may be used toward the expenses of tuition, required books and/or required fees. Community foundation scholarships may not be used for room and board expenses. Scholarship payments are sent directly to your educational institution.

Deadline to Apply

Submit the printed forms to the Community Foundation DeKalb County, 700 S. Main St., P.O. Box 111, Auburn, IN 46706 or email to AWillis@CFDeKalb.org by Monday, April 9, 2018.

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Cover Page

Last Name _____ First Name _____ M.I. _____

College _____

Release of Records/Disclosure Agreement

The information that you provide in your scholarship application is kept confidential to protect your privacy.

Checking the boxes below assures us that you understand the following statements:

I have requested that my college electronically send my transcript to AWillis@CFDeKalb.org or an OFFICAL copy of my college transcript is attached to the application.

I certify that all information given in every part of this application is true. I understand that falsification of information may result in termination of any scholarship awarded.

I understand the Community Foundation DeKalb County's scholarship eligibility policy and am eligible to receive a scholarship.

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle: _____
Permanent Address: _____ Phone: _____
City: _____ State: _____ Zip: _____ Date of Birth: _____
E-mail Address: _____ (mm/dd/yyyy)
High School: _____ Graduation Year _____
DeKalb County, Indiana Resident: _____ United States Citizen: _____ Gender: _____

FAMILY INFORMATION

Name of father, stepfather or guardian: _____
Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____ Employer: _____
Name of mother, stepmother or guardian: _____
Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____ Employer: _____
Check if applicable: Father deceased Mother deceased Parents divorced
Ages of other children in your family: _____ # of family members in college: _____

COLLEGE INFORMATION

Year in college (upcoming academic year): _____
College or University attending: _____
City and State of School: _____ Full-time Part-time
Major field of study: _____
If part-time, # of credit hrs per sem.

CAREER GOALS

Write a brief statement describing your career goals in the space below

Last Name:

First Name:

COLLEGE OR UNIVERSITY ACTIVITIES

List your extracurricular activities in the order of importance to you.

Activity	Year/Semester	Role or Leadership Position Held

AWARDS AND HONORS

List any awards and honors you have received while attending college.

Award or Honor Received	Yr/Sem	Criteria Award Based On

COMMUNITY SERVICE

Organization	Yr/Sem	Description of Services	Hours (Total or per week)

EMPLOYMENT AND INTERNSHIPS

List your work and/or intern experience beginning with the most recent position.

Organization	Type of Work	Dates Employed or Internship	Hours (Total or per week)

ESSAY

Last Name _____ First Name _____

Write your essay in the space provided below. The margins, font and font size are set and should not be changed.

How have the multiple life roles you have played (student, worker, volunteer, parent, etc.) helped or hindered in accomplishing your career or life goals?

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Statement of Financial Need

Last Name _____ First Name _____

Provide a brief explanation of your need for financial assistance.

Please list other scholarships or financial aid you currently receive.

Scholarship/Aid	Amount/Semester	Longevity of Award/Aid
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Letter of Recommendation Form

Applicant Information

Complete the section below on the computer before submitting to your selected individual. Choose whether you want the letter to be returned to you or someone else, by checking the appropriate box.

Last Name: _____ First Name: _____ Middle: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Recommendation Requested From: _____ Phone: _____

Relationship to you (ie: coach, counselor): _____

Return to: Applicant _____ By Date: _____

The above named student is applying for a scholarship and is requesting a letter of recommendation from you. This reference of personal character provides the scholarship committee with a more in-depth perspective of the applicant. Please take a few minutes to truly reflect on the applicant and include any information you feel would be beneficial to know.

If you are unable to complete this letter by the deadline, please notify the applicant so that he/she may secure another reference.

When providing a letter of recommendation:

1. Please type your letter on a separate sheet of paper and attach this form.
2. Please incorporate the following topics in your letter:
 - Compare this student to others you have known.
 - Describe the qualities and characteristics you feel set this student apart from others.
 - Describe any special circumstances you feel are relevant.