

**CHEROKEE REGIONAL MEDICAL CENTER
KENNETH HOBSON MEMORIAL SCHOLARSHIP**

Cherokee Regional Medical Center Kenneth Hobson Memorial Scholarship (\$500) will be awarded annually to assist a qualified student interested in pursuing education in a health-related career. This is not a need-based scholarship.

The application deadline is April 1st. Applications will be screened and a recommendation made by the Cherokee Regional Medical Center Scholarship Committee. The Board of Directors of Cherokee Regional Medical Center will review the recommendation at the April Board Meeting. If no applicants are qualified, the scholarship will not be awarded.

The scholarship will be awarded/presented by the chairperson or designee of the Board of Directors of Cherokee Regional Medical Center at the Annual CRMC May Coffee.

Eligibility criteria for the scholarship are:

- 1. Resident of the Cherokee Regional Medical Center Service Area.**
- 2. A high school senior in good standing with a minimum GPA of 3.0.**
- 3. Entering a human health care occupation that involves “hands on” healthcare.**
- 4. ACT Score of 20 or above.**
- 5. Preference given to applicants with a relationship to hospital staff or a hospital volunteer of a minimum of one year prior to the application.**
- 6. Completed applications, including transcripts and recommendations must be submitted by April 1st.**

Return to:

**Cherokee Regional Medical Center
Attn: Administration, Kenneth Hobson Scholarship
300 Sioux Valley Drive
Cherokee, IA 51012**

10. List the 10 most interesting and most significant activities you have participated in or honors you have received recently.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

11. A recommendation from a teacher and one additional counselor, pastor, or employer must be enclosed with the application.

12. Student's signature _____ Date _____

Please let us know the best way to contact you:

Home Phone: _____

Cell Phone: _____

Email Address: _____

**CHEROKEE REGIONAL MEDICAL CENTER
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LETTER OF RECOMMENDATION**

Candidate Name: _____

Describe the capacity in which you have known this candidate:

Comment on the candidate's strengths to be a successful health career professional:

Add any additional information that you believe we would want to have in considering this candidate:

Signature _____ Date _____

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