

**CHEROKEE REGIONAL MEDICAL CENTER
JOHN M. COMSTOCK SCHOLARSHIP**

Cherokee Regional Medical Center John M. Comstock Scholarship (\$1,000) will be awarded annually to assist a qualified student interested in pursuing education in a health-related career. This will be a financial need based scholarship as well as the eligibility criteria.

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.**
- 4. ACT Score of 22 or above.**
- 5. The need for financial assistance as well as overall high school performance including extra-curricular activities will be considered by the committee.**
- 6. Completed applications, including transcripts and recommendations must be submitted by April 1st.**

Return to:

**Cherokee Regional Medical Center
Attn: Administration, John M. Comstock Scholarship
300 Sioux Valley Drive
Cherokee, IA 51012**

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

13. Student's signature _____ Date _____

Please let us know the best way to contact you:

Home Phone: _____

Cell Phone: _____

Email Address: _____

**CHEROKEE REGIONAL MEDICAL CENTER
JOHN M. COMSTOCK SCHOLARSHIP
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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