

Cherokee Regional Medical Center
300 Sioux Valley Drive
Cherokee, Iowa 51012

PRESS RELEASE

CONTACT:
Elissa Doebel
(712) 225-3368 ext. 259
edoebel@cherokeermc.org

January 22, 2019

Cherokee Regional Medical Center 2019 Scholarships Now Available

Cherokee Regional Medical Center is accepting applications for the CRMC Auxiliary, Kenneth Hobson Memorial and John M. Comstock scholarship opportunities for graduating high school students interested in a health care career. All three scholarships require students to be a resident of the CRMC service area, a senior in good standing, and entering a health care field to qualify.

For the scholarship applications and requirements, visit www.cherokeermc.org. The application deadline is April 1, 2019.

**CHEROKEE REGIONAL MEDICAL CENTER
AUXILIARY SCHOLARSHIP**

The Cherokee Regional Medical Center Auxiliary awards scholarships annually to assist area students entering a health-related career.

The scholarships are in the amount of \$400. This amount must be repaid to the hospital auxiliary if the course of study is not completed or the recipient does not enter the school of choice by October 1 of the year the scholarship is received.

The application deadline is April 1st. Applications will be reviewed by Auxiliary members and a decision reached by late April. Scholarships will be presented to the recipients at the Cherokee Regional Medical Center's Annual May Coffee. If no applicants are qualified, the scholarship will not be awarded.

This scholarship is based on both financial need and overall high school performance.

Student eligibility will be judged on the following:

1. Applicant must be a **resident of the Cherokee Regional Medical Center Service Area.**
2. Applicant must be a high school senior in good standing.
3. Use of the scholarship is limited to studies relating to a **human health professional career.**
4. The need for financial assistance is a consideration of the committee.
5. Completed applications, including attachments and recommendations **must be submitted by April 1st.**

Return to:

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

Please attach:

1. A copy of your scholastic records showing class rank, ACT scores, GPA, and yearly classes and grades
2. An essay on "Why I am Entering a Health Career" (150 word minimum)
3. Three completed forms of recommendation
4. A billfold size picture of yourself

Please let us know the best way to contact you:

- Home Phone: _____
- Cell Phone: _____
- Email Address: _____

The above completed application is true and valid.

Signature of Applicant

I am in support of my son's/daughter's application.

Signature of Parent

**CHEROKEE REGIONAL MEDICAL CENTER
AUXILIARY 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 _____

**CHEROKEE REGIONAL MEDICAL CENTER
AUXILIARY 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 _____

**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
KENNETH HOBSON MEMORIAL 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 _____

**CHEROKEE REGIONAL MEDICAL CENTER
KENNETH HOBSON MEMORIAL 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 _____

**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 _____

**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 _____