

What are your educational goals?

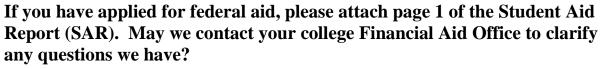


Friends of Henry County Health Center 2024 Loan/Scholarship Application

Friends of Henry County Health Center are offering Loans/Scholarships to deserving individuals interested in a health occupation. Applicants must be a resident of Henry County or a current associate of Henry County Health Center, or a member of the immediate family of a Henry County Health Center associate. Applicants are not restricted to programs within the State of Iowa, but Henry County Health Center reserves the right to review the program.

Name:	
Address:	
Telephone:	
Check all that apply.	
○ I am a resident of Henry County.	
○ I am an HCHC associate. Department	
 I am an immediate family member of Associate's name and department: 	
In what community activities, organizations you actively involved? Please describe your	

Why are you pursuing this goal/goals?
What school will you/do you attend? Are you currently enrolled or have you received notice of acceptance?
Are you currently enrolled in a program? What is the length of the program?
If applicable, what high school did you graduate from and what was your GPA?
If you have completed some college/advanced training, please list certifications and attach college transcripts.
How do you anticipate financing your education? Please check the appropriate categories and explain.
Parental/Family Support
Personal Savings
Employment
What other scholarships/loans have you been awarded?
What other scholarships/loans have you applied for?



- o Yes
- \circ No

If you have been employed during the past five years, please list where and your supervisors.

May we contact them?

- \circ Yes
- \circ No

Are you a previous HCHC Loan/Scholarship recipient? If so, what year did you receive scholarship funds?

If you have not received a Loan/Scholarship in the past, please submit two (2) letters of general recommendation with this application.

Please explain why you feel you deserve this scholarship/loan.

All first-time applicants are asked to contact the Henry County Health Center supervisor in your field of interest and schedule a brief interview. The purpose is for prospective candidates to be introduced to HCHC and learn a little bit about their field of interest. Please use this as an opportunity to speak candidly and find out about training and education requirements, benefits, career choices, and pitfalls.

SIGNATURE OF HCHC SUPERVISOR:		DATE:	
<u>Department</u>	HCHC Supervisor's Name	Phone	
Diagnostic Imaging	Berdelle Severson	319-385-6158	
Health Information Management	Charlie Hammel	319-385-6133	
Laboratory	Dawn Heald	319-385-6148	
Nursing	Allison Clarke	319-385-6528	
Pharmacy	John Vallandingham	319-385-6109	
Emergency Medical Services	Heather Kleemeyer	319-385-6555	
Respiratory Care	Dawn Clayburn	319-768-1851	
The loan/scholarship limit is \$2,000 per a Loan/Scholarship because the recipie center stating they will work at Henry to \$1,000 per year will be waived as the	nt will be asked to sign an agree County Health Center after grad	ement with the health uation and licensing. Up	
Successful applicants from previous ye additional funding.	ears will need to reapply each ye	ear to be considered for	
Successful applicants may apply funding session.	ng to qualified coursework, begi	nning with the upcoming	
Submit completed application t	o: Public Informat	tion Department	
Z WASSEL COLLEGE OF F	Scholarship Co	-	
	Henry County I		
	407 South Whit		
	Mt. Pleasant, IA		
Deadline: Monday, April 1, 2024, at 5pm The above information is accurate and complete to the best of my knowledge.			
Applicant Signature		ate	

Friends of HCHC Loan/Scholarship Application Check List:

Completed Application
 Application Signed by Department Supervisor
 Letters of Recommendation (if first-time applicant)
 Transcripts (if applicable)
 Licensing Documentation (if applicable)

Please make sure you have included all of the appropriate documentation with your application.



