

# 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 Memorial Hospital 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 three (3) scholarships will be awarded each year.

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

## Required Forms (Complete and SAVE the forms, following the instructions listed below)

- 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 [scholarships@dekalbfoundation.org](mailto:scholarships@dekalbfoundation.org).

## Scholarship Payment

Scholarships awarded by DeKalb County Community Foundation 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 all required documents as email attachments to [scholarships@dekalbfoundation.org](mailto:scholarships@dekalbfoundation.org) by **March 5, 2012**.

## Application Instructions

- **UPDATE YOUR ADOBE READER SOFTWARE** to prevent software problems. This free download is available at [www.adobe.com](http://www.adobe.com).
- **COMPLETE YOUR APPLICATION FILE ON A COMPUTER**. Handwritten applications are not accepted. If you have questions regarding the completion process, please contact Rosie Shinkel with DeKalb County Community Foundation at (260) 925-0311 or [RShinkel@DeKalbFoundation.org](mailto:RShinkel@DeKalbFoundation.org).
- **SAVE** your application file in the following format **LastName.FirstName.pdf** (Example: Miller.John.pdf)

## Submit your application file

- E-mail your application file as an **attachment** to [scholarships@dekalbfoundation.org](mailto:scholarships@dekalbfoundation.org). On the subject line, use the following format: **Scholarship Application for LastName, FirstName**. (Example: Scholarship Application for Miller, John).

# DEKALB MEMORIAL HOSPITAL AUXILIARY SCHOLARSHIP

## COVER PAGE

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Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

### **DeKalb County Community Foundation Scholarship Eligibility Policy**

The community foundation makes every attempt to maintain impartiality when awarding educational scholarships. The following individuals and their \*relatives are not considered eligible for scholarships provided by the foundation:

- Foundation directors or officers
- Foundation employees
- Foundation scholarship committee members

For a director, officer, employee or scholarship committee member this restriction applies for the year scholarships are awarded and for two years after he/she is no longer connected with the foundation in a volunteer or paid position.

\*Relatives are defined as follows: Spouse, lineal descendents (children, grandchildren, great grandchildren whether by whole or half blood, step-children, step-grandchildren, step-great grandchildren) and their spouses, brothers and sisters (whether by whole or half blood) and their spouses, as well as ancestors. Other relatives (i.e. nephew, niece, etc.) are eligible to receive scholarships provided by the community foundation.

I understand the Scholarship Eligibility Policy and am eligible to receive a scholarship awarded by DeKalb County Community Foundation.

### **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 am a current full-time college student pursuing a four-year degree in a healthcare or medical field; have completed my freshman year and have a permanent address in DeKalb County, Indiana.

I have requested that my college send an electronic copy of my transcript to [scholarships@dekalbfoundation.org](mailto:scholarships@dekalbfoundation.org), or an official 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.

# DEKALB MEMORIAL HOSPITAL AUXILIARY SCHOLARSHIP

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Permanent Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ (mm/dd/yyyy)  
College or University: \_\_\_\_\_ 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

# DeKALB MEMORIAL HOSPITAL AUXILIARY SCHOLARSHIP

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 <small>(Total or per week)</small>

## 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 <small>(Total or per week)</small>

# DEKALB MEMORIAL HOSPITAL AUXILIARY SCHOLARSHIP

## ESSAY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Write an essay based on the following question. Please check spelling and grammar before submitting.

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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**DEKALB MEMORIAL HOSPITAL AUXILIARY SCHOLARSHIP**

**STATEMENT OF FINANCIAL NEED**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Provide a brief explanation of your need for financial assistance.

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Please list other scholarships or financial aid you currently receive.

Scholarship/Aid	Amount/Semester	Longevity of Award/Aid

# DEKALB MEMORIAL HOSPITAL AUXILIARY SCHOLARSHIP

## LETTER OF RECOMMENDATION FORM

### Applicant Information

Complete the section below on the computer before submitting to your selected individual.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Recommendation Requested From: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to you (ie: coach, counselor): \_\_\_\_\_

Return to Applicant by: \_\_\_\_\_

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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.

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.

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