



## Mahaska Health 2023 \$1,000 Healthcare Promotion Scholarship

### Qualifications

1. Applicants must be pursuing a healthcare related career.
2. Applicants must be a current graduating high school senior.
3. **Applicants must be a resident of Mahaska County** and must attend one of the following school districts: Eddyville-Blakesburg-Fremont; North Mahaska; Oskaloosa Schools; Pella Christian and Pella High.
4. College scholarships for **TUITION** purposes **ONLY**, are available to current high school graduates attending an accredited school leading to a healthcare related career.
5. Financial need may be a consideration. Decision is not based entirely on need, however, if the choice is equal on two candidates, then such need will become a determining factor.
6. The Scholarship Committee will select suitable candidates and the Hospital Board will approve the selections.

### Application

1. **Applications must be received by March 31, 2023.**
2. Letters of recommendation must accompany application. These should be from the school (former teacher or administrator), business person, or employer (either former or present), and a person familiar with the applicant's character. These letters should not be from a relative.
3. Personal interviews may be requested for further clarification of applicant's application and character.
4. A transcript should accompany the application.
5. Applications are available at the schools listed above, online at [www.mahaskahealth.org](http://www.mahaskahealth.org) and Mahaska Health entrances #1 and #4.
6. Applications should be returned to Mahaska Health, Attn: Deb Ewing, Executive Administrative Assistant, 1229 C Avenue East, Oskaloosa, IA 52577.

### Award

1. The student selected will be notified in writing following the Awards Ceremony.  
**Payment will then be made directly to the school that the student is attending for tuition purposes only for the following academic year (2023-2024) upon proof of registration.**
2. A Mahaska Health Hospital Trustee will award the scholarships at the school awards program. A photo may be taken of the recipient at the time of presentation, or at a later date, for publicity purposes.



## Mahaska Health \$1,000 Healthcare Promotion Scholarship Application Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of High School Now Attending: \_\_\_\_\_ Grade Point Average: \_\_\_\_\_

Name of College Accepted By: \_\_\_\_\_

Health Occupation Career You Plan to Pursue: \_\_\_\_\_

Length of Course Applying For: \_\_\_\_\_ Average Semester Cost: \_\_\_\_\_

Have you received any financial aid this year or in past years? If yes, please state from whom and the amount.

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Please write a brief statement of why you're seeking this scholarship; include future plans.

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**Discuss how Mahaska Health has benefited you and/or your family.**

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**Please list any extra-curricular activities and any jobs held.**

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**Number of children in family and grade in school.**

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**The above information is correct and accurately stated.**

**Signature**

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**Date**

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**For consideration, please include the following along with your application:**

1. Letters of reference from:
  - a. School (former teacher or administrator)
  - b. Business person or past/present employer
  - c. A person familiar with your character -- NOT a relative.
2. A copy of your transcript.

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**Upon completion, return scholarship application and all necessary attachments by March 31<sup>st</sup> to:**

*Mahaska Health  
Attn: Deb Ewing, Executive Administrative Assistant  
1229 C Avenue East  
Oskaloosa, IA 52577*