

Madison County Health Trust, Inc. Scholarship Application

Madison County Health Trust, Inc.

Madison County Health Trust Inc., is a non-profit organization whose purpose is to promote quality health care in Madison County. We offer scholarships to students in Madison County who are pursuing a career in a health care field.

Scholarship amounts and deadlines

Four \$500.00 scholarships to be awarded annually to 4 students.

Please have all applications submitted by April 1. Return applications to: Madison County Health Trust, Inc.-Scholarships @ Madison County Health Care System, 300 W. Hutchings St. Winterset, IA 50273.

Who is Eligible

You must be a current or former resident of Madison County or a graduate of any high school in Madison County or a current high school student attending school in Madison County.

You must be accepted or enrolled in an accredited health care field program.

You may be eligible for this scholarship for more than one year.

Candidates for the Madison County Health Trust, Inc. scholarships will provide.

- Completed application. (no hand written applications will be accepted)
- Currently enrolled or accepted in a health care education program. Proof of acceptance into an accredited school for first time applicants.
- Have an average or above academic record.
- Two (2) signed letters of reference included with your application. References may be from high school teachers, college professors, and current or previous employers - NOT personal friends or relative.

Scholarship Application
Madison County Health Trust, Inc.

Your Name:
Address:
Phone Number:

Parents name and phone (if you are a dependent)

Current GPA and/ or class rank

Education plans:

If you **are currently a high school student**, please describe your plans for further education. Where will you be attending college? Your intended major/program. When do you plan to graduate? What degree or certification will you receive upon graduation?

Proof of acceptance must be provided with this application.

For **post high school students** please provide the program you are enrolled in and your future plans.

Please provide employment, volunteer or leadership experiences.

Please provide a short essay telling us of your passion and desire for a career in your chosen health care field.

Sign and date your application.