

## 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 or more \$1000.00 scholarships will be awarded annually.

### **Applications must be submitted by April 1.**

### **Who is Eligible**

You must be a current 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.

Sign and date your application.

Mail or email to:

Madison County Memorial Hospital

Attn: Connie Manny

300 W Hutchings St.

Winterset, Iowa 50273

[cmanny@madisonhealth.com](mailto:cmanny@madisonhealth.com)

515 462-2373

Your Name:

Address:

phone number:

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 along with your completed application.

**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 health care program for first time applicants.**
- Current grade average.
- 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.
- **Please provide a short essay** telling us of your passion and desire for a career in your chosen health care field. Include any employment, volunteer and leadership experience.

**If you are a past recipient of this scholarship and wish to apply again.  
We only require:**

- Verification that you are still attending college in your chosen health care field. Name of the College and program you are attending and your anticipated graduation date.
- Your most recent grades.
- Your current address and phone