



## 2025 GCMH Foundation Health Care Career Scholarship

Grundy County Memorial Hospital Foundation is offering \$1,000 and \$1,500 health care career scholarships to students who are pursuing a health care career. Specific health care program eligibility is described below. Scholarships are available to students who are current year seniors or graduates of high schools in the Grundy County Memorial Hospital's service area of Butler, Grundy, Hardin or Tama counties, or currently reside in or work in the hospital's four county service area. Former or current employees of Grundy County Memorial Hospital are eligible to apply without regard to the location of high school or current residence.

### Qualifications:

**Tier 1 scholarship eligibility:** Student is a high school senior enrolled in a post-high school degree program leading to clinical licensure or pursuing a career in health care.

**Tier 2 scholarship eligibility:** Student is enrolled in an undergraduate college program in preparation for a program leading to clinical licensure in a health care career.

**Tier 3 scholarship eligibility:** Student is accepted and is currently enrolled in an accredited health care career program leading to clinical licensure or a health care leadership role or is a graduate level student. Completion of **at least one term** of an official, accredited health care program is needed before application is made.

The requirement to complete one term in your health care program before you are eligible to apply for a Tier 3 award is waived:

- for licensed health care professionals who have completed a health care program and are enrolled in a new degree program to continue their health care education; and
- for students who have completed an undergraduate health care program and have been accepted into a professional or graduate program in health care.

### Other qualifications:

- Student must be enrolled at least part time for either undergraduate (with a minimum of 6 credit hours) or graduate programs (with a minimum of 4 credit hours).
- Student must currently be a graduating high school senior, live in, work, or have graduated from high school in one of the communities served by the Grundy County Memorial Hospital in Butler, Grundy, Hardin, or Tama counties. Associates or former associates of Grundy County Memorial Hospital are also eligible to apply, no matter what their county of residence.
- Tier 1 applicants: Student must have a cumulative high school GPA of 2.5 or higher  
Tier 2 and 3 applicants: Student must have a cumulative post-secondary GPA of 2.5 or higher
- Traditional and non-traditional students are encouraged to apply.
- Previous recipients and applicants for the GCMH Foundation Health Care Career Scholarships are eligible to apply, however, the scholarship applications of those who have received prior scholarship awards from the GCMH Foundation may be deferred in favor of first-time applicants.

Eligible health care career programs include, but are not limited to:

- Nursing (LPN, ADN, RN, BSN, MSN, ARNP, DNP)
- Nurse Anesthetist
- Dietetics
- Doctor of Medicine
- Doctor of Osteopathic Medicine
- Health Care management
- Laboratory Science
- Paramedic
- Pharmacy
- Physician's Assistant
- Radiology Science
- Respiratory Therapy
- Therapy, including Physical, Occupational and Speech therapists and assistants

Failure to complete all parts of the application process as directed will lead to the application not being considered for an award. It is each applicant's responsibility to make sure that each of their requested references have submitted the 2-part reference requirement by the scholarship application deadline. It is suggested you request your references to provide you with a paper reference in a sealed and signed envelope and submit your three references together with your completed application to be sure all application materials are received by the deadline.

### **Application:**

To apply, complete the application form and provide three (3) reference letters and three (3) reference forms, as well as a high school transcript and current college transcript for applicants who are enrolled in a post-secondary program. All items on the application checklist must be submitted together with completed application. Incomplete applications will not be considered. Applications must be received at the following address no later than 4:30 p.m. on Friday, May 30, 2025:

GCMH Foundation Scholarships  
c/o Amanda Steege  
201 East J Avenue  
Grundy Center, IA 50638

### **References:**

Applicant must submit **three (3)** references with the completed application form. **References must be received in a sealed envelope with the signature of the person completing the reference over the seal. Alternately, reference letters may be submitted via the email address of the reference to [GCMH\\_Foundation@unitypoint.org](mailto:GCMH_Foundation@unitypoint.org)**

- At least **one** reference must be completed by someone at the school you are currently attending.
- If you are currently employed, at least one reference must be completed by a supervisor at your place of employment. If you are currently employed by Grundy County Memorial Hospital, one reference must be completed by your department manager.
- References may be completed by individuals the applicant is currently associated with through work, school, or a community organization. This can include: instructors, employer/supervisors, academic advisors, community organization leaders/supervisors, or anyone else who can attest to your educational and professional potential.
- References should not be submitted from family members or friends.
- Please make sure your reference completes **both** the reference form and a written letter.

Scholarship awards will be determined, and recipients notified by mail no later than July 31, 2025. Awards will be paid directly to the educational institution where the scholarship recipient is currently enrolled after verification of enrollment is supplied by the applicant to the GCMH Foundation.

## **2025 GCMH Foundation Health Care Scholarship Opportunities**

### **Tier 1 and 2 scholarships**

- GCMH Foundation Health Care Career Scholarship – up to four \$1,000 awards
- Sara Lee Yoder Health Care Career Scholarship - \$1,000 award – varies
- Charles L. Ware Memorial Scholarship – one \$1,000 award

### **Tier 3 scholarships:**

- Sara Lee Yoder Scholarships - \$1,500 award - varies
- Don and Susie Kliebenstein Scholarship - one \$1,500 award
- Irene A. Stout Scholarship for Nursing - one \$1,500 award



# 2025 GCMH Foundation Health Care Career Scholarship Application Form

**Applicant Name**

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**Health Care Program**

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Tier 1 application \_\_\_ Tier 2 application \_\_\_ Tier 3 application (Please check one)

**Applicant Information:**

Permanent Mailing Address (Street, Apt #): \_\_\_\_\_

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

Phone # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Education:** Years completed in college: \_\_\_\_\_

Name and Location of High School: \_\_\_\_\_

College/University Attended and Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

College/University Attended and Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

College/University Attended and Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

College/University Attended and Location: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Are you officially accepted into an approved health care program? \_\_\_\_\_

What approved health care program are you enrolled in? \_\_\_\_\_

How many total credits have you completed in your health care education? \_\_\_\_\_

**\*Personal Statement:** Attach a typewritten personal statement, not to exceed 350 words. **Your personal statement should clearly address these points:** your decision to work in the healthcare field, your educational and career objectives, long-term goals, and a statement of financial need. Please also address whether or not you would apply for a job at the Grundy County Memorial Hospital if the opportunity were available. **A well-written and complete personal statement is a key factor in the scholarship award process.**

**Professional and Work Experience:** (Attach additional page if necessary. Please include experience related to your chosen healthcare field.)

Dates of Employment	Employer	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Honors/Awards:** (Include only the awards related to your current or past employment, education, or professional organizations in which you serve)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Community Service and Organizational Memberships:** (Include past year experience only and list dates involved. Only include membership in clubs and organizations in which you are actively volunteering.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application Checklist:**

- Completed application
- Typewritten personal statement
- Transcripts from graduating high school and the most recent college/university attended
  - If you have previously applied for this scholarship, you do not need to resubmit your high school transcripts
- **Three (3)** reference forms accompanied by reference letter in **sealed envelopes signed across the seal by the person completing the reference** (Reminder: If you are employed by GCMH, one reference **MUST** be completed by your department manager.)

I acknowledge all decisions of GCMH Foundation Scholarship Committee are final. I certify that I meet the basic eligibility requirements of the program as described and that the information provided by me is complete and accurate to the best of my knowledge. If requested, I agree to give proof of any information I have given on this form. Falsification of information may result in termination of any scholarship granted. I understand that the scholarship award is made directly to the institution I am attending. I grant my permission for the GCMH Foundation to use my photograph in publicity and promotion associated with the Health Care Career Scholarship program.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# 2025 GCMH Foundation Health Care Career Scholarship Reference Form

Scholarship Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature for Release of Information: \_\_\_\_\_

**\*A recommendation letter is also required in addition to this Reference Form.**

**Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below:**

Skill	Exceptional	Above Average	Average	Below Average	Not Able to Respond
Communication Skills:      Written					
Oral					
Organizational Skill					
Adaptability to Stress					
Qualities of Leadership					
Interpersonal skills in working with peers, other disciplines, clients/families, faculty/staff					
Dependability/Attendance/Completion of Assignments					
Positive Attitude					
Integrity					
Ability to Plan					
Flexibility					
Professionalism					

My recommendation is:     Highly Recommend     Recommend     Do Not Recommend

**Printed Name of Person Making Recommendation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business and Position Held:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work Telephone #:** \_\_\_\_\_

**IMPORTANT: Please also include a letter with specific examples about why this applicant should be awarded a scholarship**

**Signature of Person Making Recommendation:** \_\_\_\_\_



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Written					
Oral					
Organizational Skill					
Adaptability to Stress					
Qualities of Leadership					
Interpersonal skills in working with peers, other disciplines, clients/families, faculty/staff					
Dependability/Attendance/Completion of Assignments					
Positive Attitude					
Integrity					
Ability to Plan					
Flexibility					
Professionalism					

My recommendation is:  Highly Recommend  Recommend  Do Not Recommend

**Printed Name of Person Making Recommendation:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Professionalism					

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**Business and Position Held:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work Telephone #:** \_\_\_\_\_

**IMPORTANT: Please also include a letter with specific examples about why this applicant should be awarded a scholarship**

**Signature of Person Making Recommendation:** \_\_\_\_\_