

## FORT MADISON COMMUNITY HOSPITAL AUXILIARY SCHOLARSHIP

### Application Form

The Fort Madison Community Hospital Auxiliary Scholarship(s) shall be awarded on the basis of financial need and scholastic history. Applicants must submit applications directly to Fort Madison Community Hospital by April 1. Scholarship award(s) shall be determined by the FMCH Auxiliary Scholarship Committee.

**Eligibility:** To be eligible, you must plan to continue your education beyond high school at an accredited community college, technical institute or four year college or university providing medical education. This scholarship is open to students graduating from Holy Trinity Catholic, Fort Madison High School, Central Lee High School, Non-Traditional Students and Dependents of FMCH Employees.

**Applicant First Name:** \_\_\_\_\_

**Applicant Middle Name:** \_\_\_\_\_

**Applicant Last Name:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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

**High School Attended:** \_\_\_\_\_

**Year of High School Graduation:** \_\_\_\_\_

**College, University or Technical Institute that you plan to attend:** \_\_\_\_\_

**Year & Term you plan to attend:** \_\_\_\_\_

**Area of Study:** \_\_\_\_\_

**I have attached a copy of my high school transcript (if applicable); a letter stating why I believe I should be a recipient of this scholarship; two letters of support (one personal and one professional); and a copy of the EFC from the FAFSA.**

*By signing this application, I hereby apply for a FMCH Auxiliary Scholarship awarded at an awards ceremony in May.*

*If I am awarded a scholarship, I authorize the Fort Madison Community Hospital to use my name in any press release or publication related to the Fort Madison Community Hospital Auxiliary Scholarship Award.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please read the attached scholarship specification sheet carefully and comply with all application requirements.**