

Foundation Scholarship Criteria & General Instructions

Application Deadline: April 1 each year

Foundation Scholarship

The Greene County Medical Center Foundation Healthcare Scholarship was established to lend financial aid to students obtaining a nursing education or education in a health-related field. This Healthcare Scholarship offers up to \$1,000 per year, for up to four years, to persons in the medical center service area who are entering or are already attending college in a healthcare field. Applicants may apply for the Foundation Scholarship again in subsequent years, up to four years.

In order for applicants to be eligible, all required items must be submitted no later than <u>April 1 each year</u> to the address below. Required items include; a complete application, three reference letters and transcripts from high school and/or college. Applications and required items should be sent to:

Greene County Medical Center Attn: Administrative Assistant 1000 W Lincoln Way Jefferson, IA 50129

Applications and required documents will be reviewed and selected by a scholarship committee consisting of members from the Board of Trustees and administration at Greene County Medical Center. Selection will be based on applications, references and scholastic ability. Recipients will not be selected exclusively on financial need. Awarded recipients will be notified in May.

Foundation Scholarship Criteria

In orde	r to be	eligible	for this s	cholarship,	applicants mus	t meet tl	ne fol	lowing	criteria.
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Applicants must meet at least one of the following:
☐ Greene County Resident
☐ Lives within the Greene County Medical Center service area
☐ Greene County Medical Center employee
In addition to the above requirement, applicants must meet the following requirements:
☐ High School Graduate (or High School Senior)
☐ Applied for and/or received acceptance from an accredited school or college (prior to selection of scholarship)
Recipients must notify the medical center by the end of June with their forthcoming college information in order for
scholarship checks to be submitted at the beginning of the first semester.
Required information: School Name, Financial Aid Office Address, Student ID Number.

Recipients are responsible for notifying the medical center of any address or contact information changes. If a recipient fails to maintain academic standing required for graduation, or discontinues their education, they must notify the medical center within 30 days.

Scholarship checks are sent directly to the college at the beginning of the first semester of the academic year. A letter will be mailed to the permanent address provided in this application notifying the recipient a check has been sent to the college.

General Instructions for Applicant

- 1. Fill out application
- 2. Obtain Transcripts All applicants must submit official transcripts from current and previously attended institutions (i.e. high school, colleges, universities, etc.). Contact high school counselor and college registrar's office for transcripts. These can be sent directly from the school to Greene County Medical Center
- 3. Obtain a copy of your Letter of Acceptance or other proof of enrollment from accredited school or college.



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4. Reference Letters – A minimum of three reference letters are required. *These can be sent directly from reference to Greene County Medical Center*

5. Submit Application - Mail application and required documents by April 1 each year to:

Greene County Medical Center Attn: Administrative Assistant 1000 W Lincoln Way Jefferson, IA 50129