

# Auxiliary Scholarship Criteria

1. Applications with all support materials in the same packet must be returned by April 4, 2025.
2. Applications must be legibly written or computer-prepared on the provided or requested auxiliary application form.
3. Individuals must be pursuing a health-related career. The selection committee has the right to deny any requests that do not meet the medical health care career criteria.
4. Transcripts from the high school, college or university **MUST** be submitted with the application.
5. Two letters of references **MUST** be submitted with the application, at least one letter should be from a teacher or school official and the other from the community.
6. Individuals must have a grade point average of 3.0 or higher to be considered.
7. The applications should include the following information: financial need, school achievement, community involvement, service and volunteer activities, educational and career goals.
8. Auxiliary scholarship application is open to residents of the following counties: Adair, Adams, Clarke, Ringgold, Taylor Union. Greater Regional employees and/or their children and students attending Southwestern Community College in Creston, Iowa are eligible and encouraged to apply.
9. **Student(s) that would be interested, please have them complete an application or complete online at [greaterregional.org](http://greaterregional.org), scroll to the bottom of the page, under About us click Auxiliary.**
10. Applications should be mailed to Patty Marean 702 W. Devoe St. Creston, IA 50801 or emailed to [jordanc@greaterregional.org](mailto:jordanc@greaterregional.org)
11. The following guidelines have been set forth should you receive a scholarship:
  - a. Checks will be made payable to the accepting college or university.
  - b. Individuals are required to submit documentation from the college or university that they have completed their course work by June 30.
  - c. Students are required to repay the scholarship if they change their field of study or do not complete the year's course work.
  - d. Individuals may reapply annually.

-----Date Received \_\_\_\_\_

(Auxiliary Use)

# Greater Regional Health Auxiliary Scholarship Application

Complete the following information as neatly and completely as possible. Please type to complete the questions or complete online at greaterregional.org, scroll to bottom of page click Auxiliary under About us. Scholarship applications and accompanying materials must be submitted prior to April 4, 2025. Please contact Patty Marean, 782-7426, or Jordan Crawford Volunteer Services Coordinator, 782-3553 with questions.

Follow Attached Criteria Guidelines:

Today's Date \_\_\_\_\_

## Personal Information:

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
City State Zip

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Family:

Parents' Names \_\_\_\_\_  
\_\_\_\_\_

Parents' Address(es) \_\_\_\_\_

Parents' and/or Spouse's Occupation (s) \_\_\_\_\_  
\_\_\_\_\_

Sibling(s) \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_

Siblings currently in higher education:

Sibling \_\_\_\_\_ Institution \_\_\_\_\_

Sibling \_\_\_\_\_ Institution \_\_\_\_\_

**School:**

Name of high school \_\_\_\_\_

Approximate graduation grade point \_\_\_\_\_

Approximate graduation class rank \_\_\_\_\_ in class of \_\_\_\_\_

Date of graduation \_\_\_\_\_

Counselor's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

School clubs, activities, awards \_\_\_\_\_

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

**Please attach a copy of your transcripts (high school, college, university).**

**Volunteer Experience:**

Currently an active GRMC volunteer? Yes \_\_\_ No \_\_\_ If yes, service area \_\_\_\_\_

Other community service during the past four years \_\_\_\_\_

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

**Future Plans:**

College/Institution where you plan to attend \_\_\_\_\_

City/State \_\_\_\_\_

Have you been accepted? \_\_\_\_\_ Major area of study \_\_\_\_\_

Have you received other scholarships? Yes \_\_\_ No \_\_\_ Please specify \_\_\_\_\_

\_\_\_\_\_  
Do you plan to work part-time while attending school? Yes \_\_\_ No \_\_\_ Please explain \_\_\_\_\_

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

**Miscellaneous:**

Special interests, hobbies \_\_\_\_\_  
\_\_\_\_\_

Work experience, past or present \_\_\_\_\_  
\_\_\_\_\_

Please complete the following questions as fully as possible in narrative form. Use only the space provided.

Describe the importance of this scholarship in fulfilling your educational plans. (Include in detail family income/need, person responsible for paying for your education, other sources of aid you will receive, etc.)

What are your present and future goals? (Include career plans, personal growth, educational goals, etc.)

**References:**

Name and address of two character references. These people must write a letter of reference to be attached to this application (at least one should be a teacher or school official and the other from the community).

1. \_\_\_\_\_  
Name Address Phone

2. \_\_\_\_\_  
Name Address Phone

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

**Mail to:**  
Patty Marean  
702 W. Devoe St.  
Creston, Iowa 50801

The scholarship committee will review all applications. Recipients will be notified via telephone call sometime after April 18, 2025, if they have been awarded a scholarship. All applicants will receive a written notice whether they have been awarded a scholarship. Thank you for your application.