

HURON REGIONAL MEDICAL CENTER AUXILIARY

SCHOLARSHIP APPLICATION

Scholarship Information

HRMC Auxiliary is offering a scholarship to students furthering their education in the field of health care. This scholarship will be awarded in recognition of academic/ professional achievement, leadership and financial need.

Eligibility

All applicants must be enrolled in a medical career program.

Selection

Selection of the scholarship recipient is based on academic achievement, financial need, and involvement in student extra-curricular and volunteer organizations and community health activities related to health care. All information of the applicants is considered confidential.

**RETURN COMPLETED APPLICATION TO HRMC MAIN
INFORMATION DESK IN ENVELOPED MARKED
“SCHOLARSHIP APPLICATION ENCLOSED”**

OR MAIL TO

**HRMC AUXILIARY C/O ADMINISTRATION
172 4th Street SE
Huron, SD 57350**

Scholarships Due or postmarked by March 31, 2024

**HURON REGIONAL MEDICAL CENTER
AUXILIARY SCHOLARSHIP PROGRAM**

NAME: _____

CURRENT ADDRESS: _____

TELEPHONE: _____

MARITAL STATUS: _____
(Single/married/separated/divorced)

AGE OF DEPENDENT CHILDREN (if applicable): _____

EDUCATION (high school, college or vocational school)

<u>Name of Institution</u>	<u>Location</u>	<u>Date attended</u>	<u>Degree</u>
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1. _____
2. _____
3. _____
4. _____

EXTRA CURRICULAR ACTIVITIES: _____

ARE YOU CURRENTLY EMPLOYED? _____ # OF HRS PER WEEK _____

RECENT PAST EMPLOYMENT: _____

IF MARRIED, COMBINED PROJECTED INCOME OF STUDENT AND SPOUSE: _____

RESOURCES AVAILABLE FOR CURRENT ACADEMIC YEAR (list individually the amounts of all loans, grants, scholarships, employment, social security, veteran's payments, Vocational Rehabilitation, BIA benefits, spouse's earnings, etc.)

THREE REFERENCES (non-relative) THAT MAY BE CONTACTED BY THE SELECTION COMMITTEE.

Name _____ Address _____ Occupation/Profession _____

1. _____

2. _____

3. _____

STUDENT SIGNATURE _____

ALL INFORMATION IS HELD IN STRICT CONFIDENCE