



2023

HARRISON COUNTY COMMUNITY HOSPITAL AUXILIARY & FOUNDATION

# Scholarship Application

The Harrison County Community Hospital Auxiliary and Foundation award \$1,000 college scholarships to students planning to study medicine, nursing, or an allied health profession (such as laboratory science, pharmacy, radiology technology, rehabilitation therapy, or respiratory therapy).

**Applicants must be a senior in a high school  
in Harrison County, Missouri.**

**APPLICATION DEADLINE:**

April 7, 2023





HARRISON COUNTY COMMUNITY HOSPITAL AUXILIARY & FOUNDATION

# Student Application

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ High school: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

Name of parent(s) or guardian(s): \_\_\_\_\_

University/college/vocational school you plan to attend: \_\_\_\_\_

Application/admission status:  Accepted  Applied  Not yet applied Start date: \_\_\_\_\_

Major/course of study: \_\_\_\_\_ Anticipated occupation: \_\_\_\_\_

Job shadow, work, or volunteer experience in health care (if applicable): \_\_\_\_\_

**Use the space below to describe involvement in school and community activities.** Attach an additional page if necessary.

School Activities, Clubs, or Student Government	Year(s) involved	Role (member, officer, etc.)

Community Involvement, Volunteer Activities	Year(s) involved	Description

School or Community Honors and Awards

**Essay:** Write at least 500 words describing why you want career in health care and where you see yourself in 10 years.

**Teacher or Guidance Counselor:** Must complete the letter of recommendation and Educator Recommendation Form.

I certify that the information presented above is complete and accurate and the attached essay is my own work.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Send applications to Harrison County Community Hospital, ATTN: Auxiliary & Foundation Scholarships, 2600 Miller Street, Bethany, MO 64424. **Application materials must be received by April 7, 2023.**



# Educator Recommendation Form

TO BE COMPLETED BY A TEACHER OR GUIDANCE COUNSELOR.

Student's name: \_\_\_\_\_ How long have you known the student? \_\_\_\_\_

Educator name: \_\_\_\_\_  Teacher  Counselor  Other \_\_\_\_\_

Educator email: \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

Student's high school GPA: \_\_\_\_\_ College entrance exam score:  ACT  SAT \_\_\_\_\_

In addition to clinical knowledge and skills, a variety of personal attributes can contribute to success in a health care career. Please evaluate the student in the characteristics listed below. "Among the best" means the student is among the strongest you have encountered in your career.

Characteristic	Poor	Average	Good	Excellent	Among the best
Compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Letter of recommendation:** *The application requires a letter of recommendation. Please comment on any of these topics: the applicant's scholastic record, school or community involvement, leadership skills, aptitude for a career in a health care, and any personal attributes that would help the Scholarship Committee evaluate the application. Cite specific examples as appropriate.*

Send the letter of recommendation and this form directly to the Scholarship Committee at the address below.

\_\_\_\_\_  
Educator Signature

\_\_\_\_\_  
Date

Send applications to Harrison County Community Hospital, ATTN: Auxiliary & Foundation Scholarships, 2600 Miller Street, Bethany, MO 64424. **Application materials must be received by April 7, 2023.**