

GRANT IN AID APPLICATION
CASS COUNTY MEMORIAL HOSPITAL AUXILIARY
ATLANTIC, IOWA

I hereby apply for a \$1,000.00 Grant in Aid from the Cass County Memorial Hospital Auxiliary, to be applied toward educational expenses in a health related profession.

1. Personal Information (Please print or type.)

Name: _____
 Last First Middle

Home Address: _____
 Street City State Zip County

Phone Number: () _____

Chosen Health Profession: _____

College: _____

Address: (street) _____ (City) _____ (State) _____ (Zip) _____

Length Of Program: _____ Date Program Begins: _____

Anticipated Date Of College Graduation: _____

2. Educational Experience: Current GPA: _____ ACT or SAT score: _____

List schools attended (high school/college).
School Address Diploma, GED, or Degree

3. Please provide a paragraph about the health career field you plan to enter and why.

4. How do you plan to finance your education? Include any family situations that would impact on your financial needs.

5. Please list any extra-curricular activities, honors, leadership and work experience.

6. Include one personal, and one professional (teacher/employer), letter of recommendation.

Applicant's Signature

Date

If under 18 years of age, a parent or guardian must also sign.

Parent or Guardian Signature

Date

Please return this application to CCMH by: **March 31, 2018**

Send to: Cass County Memorial Hospital
Attn: Human Resources
1501 East 10th Street
Atlantic, Iowa 50022