

Namo

Louie and Elsie Hansen Memorial Scholarship awarded by the Cass Health Foundation

The Cass Health Foundation's Louie and Elsie Hansen Memorial Scholarship is awarding a \$5,000 scholarship to a graduate from a Cass County High School with a goal of becoming a health care provider subject to licensure requirements in the State of Iowa, including testing to obtain certification and requires continuing education to maintain that licensure.

Applicants **must be accepted to or currently enrolled** in a health career educational program leading to completion of certification degree or higher.

- A qualified health care educational program please see list on page 3 for programs qualified by the Cass Health Foundation Board.
- o Pre-nursing, other pre-programs and CNA students are not eligible.
- □ If you are not currently enrolled, but are accepted into a program, you must include a copy of your acceptance letter.
- □ Consideration will also be given to applicant's academics, citizenship, and leadership abilities.
- $\hfill\square$ Scholarships will not be awarded to recipients two consecutive years

| Address | | | |
|-----------------------------|---------------------------------|------------|--|
| Telephone # | Email | Birth date | |
| Year of High School Gra | duation High School | Attended | |
| High School Seniors | | | |
| What college(s) have yo | | | |
| | er of acceptance into the Nursi | | |
| <u>College Students</u> | | | |
| What college are you cu | rrently or will be attending? | | |
| What degree are you pu | Irsuing? | | |
| Please list any other pos | - | | |
| i icase list arry other pos | | | |

All Applicants

On a separate sheet, please provide the following information:

1. Extracurricular activities, honors and/or work experiences.

| 2. Explain in 200 words or less why you are deserving of this scholarship. Please be concise | use and include |
|--|-----------------|
|--|-----------------|

passions, life challenges, how you propose to contribute and/or give back to the community, financial need

and anything else you perceive as why you're deserving.

4. Attach one personal and one professional (ie: clergy, teacher, employer, health care professional) letter

of recommendation.

5. Attach a copy of your high school transcript, and/or college transcript if applicable. Please be sure your

transcript includes your ACT or SAT score.

Signature _____ Date _____

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

Parent or Guardian Signature _____ Date _____

Please return completed applications by March 29, 2024 to

Mail to[.] Cass Health Human Resources 1501 E. Tenth Street Atlantic, IA 50022

Email to: careers@casshealth.org

Late applications will not be accepted

Scholarship awards will be paid directly to the student's college upon receipt of a billing statement. Public announcement of award recipient will be made no later than May 5th.

The following programs qualify you to apply for the Louie and Elsie Hansen Memorial Scholarship.

Athletic Trainer Certified Medical Assistant Certified Registered Nurse Anesthetist Clinical Laboratory Scientist/Medical Technologist Clinical Laboratory Technician/Medical Lab Technician Dietician Emergency Medical Technology/Technician (EMT Paramedic) Mental Health Counselor Nurse – BSN, RN, LPN Nurse Practitioner Occupational Therapist Pharmacist Pharmacy Technician **Physical Therapist** Physical Therapist Assistant Physician – M.D. or D.O. Physician Assistant Radiology Technician Respiratory Therapist Social Worker (MSW) Speech Therapist Surgical Technician Ultrasound Technician