

The Cass Health Auxiliary is awarding \$1000 scholarships to be applied toward educational expenses in a health-related profession. Scholarships will be paid out to recipients at the beginning of the student's **second semester** directly to the student's school of choice. The billing office address of the student's school of choice and the student's ID number is required for payment by December 1, 2025.

1. Personal Information (Please print or type.)

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

Home Address: \_\_\_\_\_  
Street City State Zip County

Phone Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

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.

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

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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 Cass Health by: **April 4, 2025**

Mail to:       Cass Health  
                  Attn: Human Resources  
                  1501 East 10<sup>th</sup> Street  
                  Atlantic, Iowa 50022

OR

Email to:     careers@casshealth.org