



SCHOLARSHIP APPLICATION  
CASS HEALTH AUXILIARY

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 are required for payment by December 1, 2026.

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: \_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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6. Provide two letters of recommendation:

- One personal recommendation.
  - Examples: include a teacher, a clergy member, a professor, or a community member
- One professional:
  - Examples include an employer, a volunteer coordinator, or a healthcare professional.

\_\_\_\_\_  
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 3, 2026

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

OR

Email to: [careers@casshealth.org](mailto:careers@casshealth.org)