



Scholarship Application Cass Health Foundation

The Cass Health Foundation 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 a certification degree or higher.

- A qualified health care educational program – please see the list on page 3 for programs qualified by the Cass Health Foundation Board. 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 the applicant's academics, citizenship, and leadership abilities.
- Scholarships will not be awarded to recipients for two consecutive years

Name _____

Address _____

Telephone # _____ Email _____ Birth date _____

Year of High School Graduation _____ High School Attended _____

High School Seniors

What college(s) have you applied to?

Have you received a letter of acceptance?

(not the prerequisites)

- Yes
- No

College Students

What college are you currently or will be attending?

What degree are you pursuing? _____

Please list any other post-high school education

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 fewer why you are deserving of this scholarship. Please be concise 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. Two letters of recommendation:
 - One personal recommendation.
 - Examples: include a teacher, a clergy, a professor, or a community member
 - One professional:
 - Examples include an employer, a volunteer coordinator or a healthcare professional.
5. Attach a copy of your high school transcript, and/or college transcript if applicable.

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 April 3, 2026 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.

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