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**: <u>April 1, 2019</u>**

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