



Health Care Career SCHOLARSHIPS

THE SCHOLARSHIP

Scholarship recipients are awarded \$3,000 per academic year, with a maximum of \$6,000 over two years. Work repayment in an Iowa hospital is mandatory. Scholarship recipients are required to work in an Iowa hospital one year for each scholarship awarded.

TO BE ELIGIBLE YOU MUST

- Be enrolled in an accredited health care education program listed on the application.
- Be within two years of completing your education.
- Must work for an Iowa hospital. (one year per scholarship awarded)

www.iowahospitalsscholarships.org • 515-288-1955
 IHERF, 100 E Grand Ave, Ste 100, Des Moines, IA 50309





2012 IHERF Healthcare Career Scholarship Program APPLICATION CHECKLIST

Application Deadline – Postmarked by Wednesday, March 14, 2012

Thank you for your interest in applying for the IHERF Healthcare Career Scholarship. The scholarship program is a competitive process and all eligible applications will be evaluated against a standardized scoring system. However, all eligible applications may not receive funding. It is the applicant's responsibility to ensure all components of the application are complete and originals. Below is the application checklist of required documents.

Complete only ONE of these two sections

Application Checklist - Required Documents		(✓) COMPLETE
Complete all sections of the Application Form - Originals Only Please • Completed Program Type, Applicant Information and Education		
→	Transcripts: Check appropriate box/line and enclose if <u>less than 60 college credit hours</u> are attached. <input type="checkbox"/> Original high school transcript enclosed <i>(not needed if proof of 60 college credit hours, grades and GPA are sent)</i> OR <input type="checkbox"/> Original general equivalency diploma (GED) enclosed <i>(instead of high school transcript)</i> OR <input type="checkbox"/> Original transcript(s) enclosed or official stamped transcript will be in separate mailing. <i>(Need to submit stamped college transcripts that are most current that show proof of over 60 college credit hours with grades and GPA. If grades are not listed, the transcript won't be accepted. If unsure – please submit all stamped college transcripts)</i>	
	Check appropriate box/line and enclose if <u>more than 60 college credit hours</u> are attached. <input type="checkbox"/> Original post-secondary transcript(s) enclosed OR <input type="checkbox"/> Institution has agreed to submit original or official stamped transcript in a separate mailing OR <input type="checkbox"/> Original post-secondary transcript(s) enclosed for a portion of the institutions, and the missing transcript(s) are being submitted by the institution. OR <input type="checkbox"/> Not applicable.	
	• Commitment to Practice: Selected one District to work for one year, if scholarship awarded.	
	• Enrollment Section completed, signed and stamped/notarized by a school representative	
	• Personal Statement: Enclosed a typed personal statement, not to exceed 300 words, reflecting career aspirations, goals and personal reason(s) for choosing health care as a profession, including professional goals.	
	• Extracurricular, community or health care activities: Type activities that include Healthcare-related volunteering, community volunteering, clubs, organizations, band, sports, etc. that indicate the scope of each activity and the level of participation.	
	• Applicant Section – read contract, signed and dated	
	• Reference Forms: Release of Access to this Letter of Recommendation – signed three forms Enclosed are the references in sealed envelopes with reference signature on envelope flap. <ul style="list-style-type: none"> • Reference Form #1 – College instructor or high school if not in college • Reference Form #2 – Employer/Supervisor (instructor if not employed) • Reference Form #3 – Personal reference (other than friend/family). 	
It is the applicant's responsibility to ensure all components of the IHERF Healthcare Career Scholarship application are complete. This checklist is provided to assist the applicant. Failure to submit a completed application may result in the application being deemed ineligible. Sign, date and return the completed checklist with the application and attachments.		
Printed Name of Applicant:		
Applicant Signature:		Date:



2012 IHERF Healthcare Career Scholarship Program

APPLICATION FORM

Application Deadline – Postmarked by Wednesday, March 14, 2012

All documents submitted must be ORIGINAL. Faxed or e-mail documents will not be accepted. Please retain a copy of the completed application, including attachments, for your files. If you have requested an institution to submit a form on your behalf, it is your responsibility to ensure school officials are aware of the application deadline.

Please type or print.

PROGRAM TYPE

Indicate the program in which you are currently enrolled or to which you have been accepted.

- | | | |
|--|---|--|
| <input type="checkbox"/> Clinical Laboratory Scientist/
Medical Technologist | <input type="checkbox"/> Nursing (Masters-MSN) | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Clinical Laboratory Technician/
Medical Lab Technician | <input type="checkbox"/> Nurse Practitioner (NP) | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Nursing (RN) | <input type="checkbox"/> Certified Nurse Anesthetist (CRNA) | <input type="checkbox"/> Physician Assistant |
| <input type="checkbox"/> Nursing (BSN) | <input type="checkbox"/> Clinical Nurse Specialist (CNS) | <input type="checkbox"/> Respiratory Therapist |
| | <input type="checkbox"/> Nurse Administrator | <input type="checkbox"/> Social Worker (LISW) |
| | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Ultrasound Technician |

We will only be accepting these careers in 2012.

APPLICANT INFORMATION (please print)

Name: (Last, First, Middle Initial)		Social Security Number:	
Maiden Name/Other Names Used		Telephone # ()	
Current Mailing Address (Street, Apt #)	City	State	Zip
E-mail Address:		Cell Phone # ()	
Permanent Mailing Address (Street, Apt #)	City	State	Zip
Where do you want scholarship correspondence sent <i>(check all that apply)</i> ? <input type="checkbox"/> E-mail <input type="checkbox"/> Current Address <input type="checkbox"/> Permanent Address			

EDUCATION

IMPORTANT: Please submit all ORIGINAL official transcripts (no copies) for each secondary and post-secondary academic institution attended. Note: If you have a GED, include the original transcript with signature. High School transcripts not needed if proof of 60 college credit hours with grades and GPA are sent. Transcripts received directly from the academic institution will be accepted if received by the application deadline.

Circle the highest grade completed. 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4

High School Attended and Location:			Graduation Date:	
College/University Attended and Location	Dates Attended:	Hours	Graduation Date:	Degree Earned:
College/University Attended and Location	Dates Attended:	Hours	Graduation Date:	Degree Earned:
College/University Attended and Location	Dates Attended:	Hours	Graduation Date:	Degree Earned:

If additional space is needed, please attach a separate sheet.

2012 IHERF Healthcare Career Scholarship Program APPLICATION FORM

Application Deadline – Postmarked by Wednesday, March 14, 2012

CLOSEST LIVING RELATIVE RESIDING IN THE U.S. BUT NOT IN THE HOME (if none, a U.S. contact)

Name (Last, First, Middle Initial):		Relationship:		Telephone: ()	
Street, Apt. #		City		State	Zip

EMPLOYMENT

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Title: Start Date:	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work Telephone: ()
If yes, name and address of employer.		Do you plan to remain with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

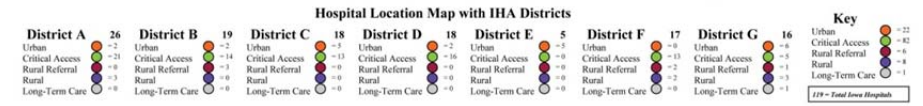
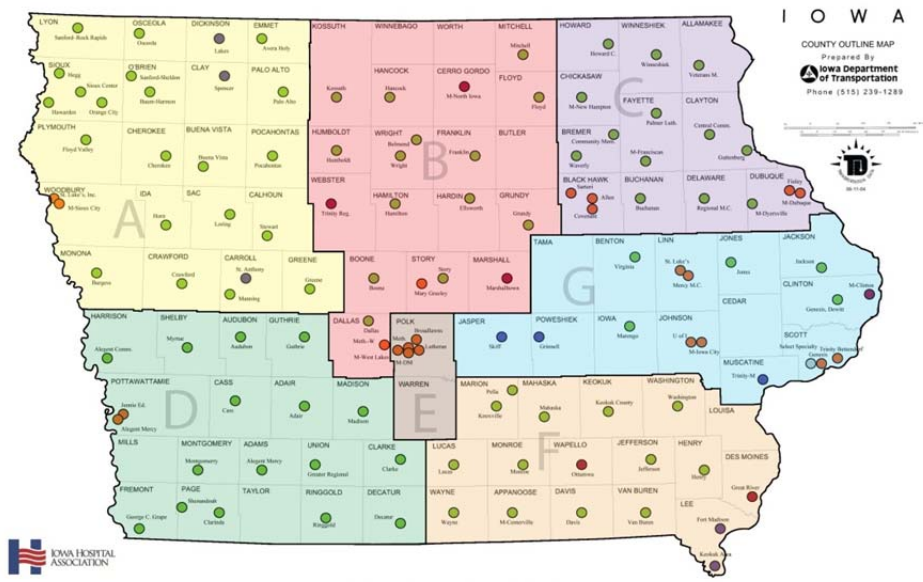
COMMITMENT TO PRACTICE: Choose District

Note: Scholarships will be selected for the districts indicated on the attached map. Some districts may receive more applications and be more competitive than other districts. ***You must apply for a scholarship within the Iowa district in which you intend to work upon graduation.***

In what district of Iowa do you intend to practice? See the attached map and circle below.
(Circle only one district.)

- | | | | | | | |
|------------|---------------|------------|------------|-----------------------|------------|--------------|
| Northwest | North Central | Northeast | Southwest | Polk/Warren
County | Southeast | East Central |
| District A | District B | District C | District D | District E | District F | District G |

Other (Must Specify) _____





2012 IHERF Healthcare Career Scholarship Program APPLICATION FORM

Application Deadline – Postmarked by Wednesday, March 14, 2012

ENROLLMENT (Completed by College)

To be completed, signed and stamped by a representative of the health profession program of acceptance.

ORIGINALS ONLY – No faxes or e-mails accepted.

Mail original Enrollment Form to:

IHERF, 100 E. Grand Avenue, Suite 100, Des Moines, IA 50309

Postmarked by Wednesday, March 14, 2012 to be accepted.

Applicant Full Name:	
Name of Institution:	Telephone: ()
Address (Street, City, State, Zip):	
Name of Institution Contact Person:	Title of Contact Person:
Degree Enrolled:	
Program Start Date: / / Month/Date/Year	Projected Graduation Date: / / Month/Date/Year <div style="background-color: yellow; text-align: center; font-size: small;">Must be between 7/1/12-12/31/2014</div>
<p><i>I certify that the applicant is <u>currently enrolled</u> and in good standing or <u>has been accepted for enrollment</u>. Additional information deemed necessary will be provided to the Iowa Hospital Education and Research Foundation upon request.</i></p>	
Signature of School Representative:	
Title:	Date:

School or Notary Stamp:

Application will be void without school stamp or notary



2012 IHERF Healthcare Career Scholarship Program APPLICATION FORM

Application Deadline – Postmarked by Wednesday, March 14, 2012

PERSONAL STATEMENT - EXTRACURRICULAR ACTIVITIES - INFORMATION

Please attach a typewritten personal statement, not to exceed 300 words, reflecting career aspirations, goals and personal reason(s) for choosing health care as a profession, including professional goals.

Submit extracurricular, community or healthcare activities (volunteering, community involvement, clubs, organizations, band, sports, etc.). Indicate the scope of each activity and your level of participation.

Note: It is important for the selection committee to have this information from all applicants.

Are you willing to relocate to another part of Iowa to meet the scholarship requirements?

- Yes No, please specify why not.

How did you learn about the IHERF Healthcare Career Scholarship Program?

- Hospital School Web Newspaper
 Other, please specify _____

APPLICANT

Mail the original completed application to IHERF Scholarship Program, Iowa Hospital Education and Research Foundation (IHERF), 100 E. Grand Avenue, Suite 100, Des Moines, IA 50309. Applications must be postmarked by USPS or a parcel service by Wednesday, March 14, 2012 to be accepted. Completed applications, transcripts, enrollment information, or other scholarship information postmarked after March 14 will result in the application being deemed ineligible. Questions regarding the application and selection process should be directed to Pam Gridley (gridleyp@ihaonline.org) or Dennis White (whited@ihaonline.org) at 515/288-1955. **Scholarship recipients will be announced after May 1, 2012.**

I certify the information contained in this application is true, complete and correct to the best of my knowledge and that all funds will be used for tuition expenses and academic fees in the current academic year. I hereby authorize the release of personal, scholastic and financial information related to my educational status from any academic institution I have attended in the past and any academic institution in which I am enrolled currently or may be enrolled as a future student to the IHERF Scholarship Program.

I understand that if this scholarship from the Iowa Hospital Education and Research Foundation (IHERF) is accepted, that I agree to the following:

- I agree to work for one year in an Iowa Hospital Association (IHA) member hospital. (Hospitals only - that does not include clinics or nursing homes.) That one year period will occur immediately upon completion of the degreed program for which the scholarship was awarded.
- Should a position in the agreed upon field and IHA District (as indicated on the application form – map enclosed) not be available, placement will be sought in an alternative IHA District as approved by IHERF.
- Should a placement be available upon completion of the above mentioned field and I do not agree to placement at that hospital, I agree to repay the amount awarded in full within 90 days of receipt of a notice from IHERF of my obligation to do so.
- As a recipient of this scholarship, I understand and have been advised by the IHERF that the scholarship is taxable compensation and that a 1099 will be issued for the calendar year in which I complete the service obligation under the scholarship. I agree to report the income on appropriate tax returns and to pay income and payroll taxes associated with the scholarship income.

Signature of Applicant: _____

Date: _____

I authorize _____ do not authorize _____ (check one) IHERF to release my name, hometown and course of study to Iowa Hospital Association-member facilities that may be interested in potential candidates in my chosen health profession.

Signature of Applicant: _____

Date: _____



2012 IHERF Healthcare Career Scholarship Program
REFERENCE FORM #1 – College Instructor or High School if not in college

Application Deadline – Postmarked by Wednesday, March 14, 2012

I. TO BE COMPLETED BY APPLICANT

Please use this form for submitting your references. Three (3) references (*separate forms are attached*) are required, including at least one reference from an instructor or an employer/supervisor. References should not include family members or friends.

Please remind your references to return this form to you or to mail the reference (in a sealed and signed envelope) to IHERF Scholarship, 100 E. Grand Avenue, Suite 100, Des Moines, IA 50309. To meet the deadline all documents have to be postmarked by Wednesday, March 14, 2012.

Complete this portion of the form and then provide it to your reference for completion and return to you or directly to IHERF. You may want to provide your reference with a self-addressed envelope. Enclose the returned reference form in its sealed envelope with your application.

Printed Applicant Name

Social Security Number

Printed Name of Reference

II. RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION

The applicant must complete and sign the following statement before submitting this form to the reference. This request is in compliance with Federal Law P.L. 93-380 (Family Educator Rights and Privacy Act of 1974).

- I waive my right to access this letter of recommendation.
- I do not waive my right to access this letter of recommendation.

Signature of Applicant

III. SUMMARY SHEET TO BE COMPLETED BY THE REFERENCE

Instructions for person making the recommendation:

- Review sections I and II to ensure the applicant has provided the necessary information.
- Complete the remainder of the form.
- Place the completed recommendation in an envelope, seal and sign your name across the seal of the envelope. Return the form to the applicant. The applicant will return the sealed envelope with his or her application.

How well do you know the applicant?

- Very well Fairly well Minimally Unknown

How long have you known the applicant? _____ (days, months, years)

Identify the associations you've had with the applicant. References should not include family members or friends. Check all that apply.

- College Instructor High School Instructor



2012 IHERF Healthcare Career Scholarship Program
REFERENCE FORM #1 – College Instructor or High School if not in college

Application Deadline – Postmarked by Wednesday, March 14, 2012

Name of Applicant _____

Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below.

Skill	Exceptional	Above Average	Average	Below Average	Not Able to Respond
Decision-making ability					
Organizational skills					
Communication skills: Written					
Oral					
Adaptability to stress					
Positive attitude					
Integrity					
Interpersonal sensitivity					
Leadership ability					
Ability to commit to: Goals					
Persons					

In addition to the ratings, please give your evaluation of the applicant. It is important that you complete this section. You may want to indicate your perceptions of the applicant's strengths and limitations.

PLEASE (✓) CHECK ONE:
 My recommendation is: highly recommend recommend do not recommend

Signature of College or High School Instructor Making Recommendation _____ Date _____

Printed Name _____ Business and Position *(if applicable)* _____

Address _____

Work Telephone Number () _____ Home Telephone Number () _____



2012 IHERF Healthcare Career Scholarship Program
REFERENCE FORM #2 – Employer/Supervisor (instructor if not employed)

Application Deadline – Postmarked by Wednesday, March 14, 2012

I. TO BE COMPLETED BY APPLICANT

Please use this form for submitting your references. Three (3) references (*separate forms are attached*) are required, including at least one reference from an instructor or an employer/supervisor. References should not include family members or friends.

Please remind your references to return this form to you or to mail the reference (in a sealed and signed envelope) to IHERF Scholarship, 100 E. Grand Avenue, Suite 100, Des Moines, IA 50309. To meet the deadline all documents have to be postmarked by Wednesday, March 14, 2012.

Complete this portion of the form and then provide it to your reference for completion and return to you or directly to IHERF. You may want to provide your reference with a self-addressed envelope. Enclose the returned reference form in its sealed envelope with your application.

Printed Applicant Name

Social Security Number

Printed Name of Reference

II. RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION

The applicant must complete and sign the following statement before submitting this form to the reference. This request is in compliance with Federal Law P.L. 93-380 (Family Educator Rights and Privacy Act of 1974).

- I waive my right to access this letter of recommendation.
- I do not waive my right to access this letter of recommendation.

Signature of Applicant

III. SUMMARY SHEET TO BE COMPLETED BY THE REFERENCE

Instructions for person making the recommendation:

- Review sections I and II to ensure the applicant has provided the necessary information.
- Complete the remainder of the form.
- Place the completed recommendation in an envelope, seal and sign your name across the seal of the envelope. Return the form to the applicant. The applicant will return the sealed envelope with his or her application.

How well do you know the applicant?

- Very well Fairly well Minimally Unknown

How long have you known the applicant? _____ (days, months, years)

Identify the associations you've had with the applicant. References should not include family members or friends. Check all that apply.

- Employer/Supervisor High School Instructor College Instructor



2012 IHERF Healthcare Career Scholarship Program
REFERENCE FORM #2 – Employer/Supervisor (instructor if not employed)

Application Deadline – Postmarked by Wednesday, March 14, 2012

Name of Applicant _____

Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below.

Skill	Exceptional	Above Average	Average	Below Average	Not Able to Respond
Decision-making ability					
Organizational skills					
Communication skills: Written					
Oral					
Adaptability to stress					
Positive attitude					
Integrity					
Interpersonal sensitivity					
Leadership ability					
Ability to commit to: Goals					
Persons					

In addition to the ratings, please give your evaluation of the applicant. It is important that you complete this section. You may want to indicate your perceptions of the applicant's strengths and limitations.

PLEASE (✓) CHECK ONE:
 My recommendation is: highly recommend recommend do not recommend

Signature of <u>Employer/Supervisor or Instructor</u> Making Recommendation	Date
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Printed Name	Business and Position <i>(if applicable)</i>
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Address _____

Work Telephone Number ()	Home Telephone Number ()
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2012 IHERF Healthcare Career Scholarship Program
REFERENCE FORM #3 – Personal Reference (other than family/friend)

Application Deadline – Postmarked by Wednesday, March 14, 2012

I. TO BE COMPLETED BY APPLICANT

Please use this form for submitting your references. Three (3) references (*separate forms are attached*) are required, including at least one reference from an instructor or an employer/supervisor. References should not include family members or friends.

Please remind your references to return this form to you or to mail the reference (in a sealed and signed envelope) to IHERF Scholarship, 100 E. Grand Avenue, Suite 100, Des Moines, IA 50309. To meet the deadline all documents have to be postmarked by Wednesday, March 14, 2012.

Complete this portion of the form and then provide it to your reference for completion and return to you or directly to IHERF. You may want to provide your reference with a self-addressed envelope. Enclose the returned reference form in its sealed envelope with your application.

Printed Applicant Name	Social Security Number
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Printed Name of Reference

II. RELEASE OF ACCESS TO THIS LETTER OF RECOMMENDATION

The applicant must complete and sign the following statement before submitting this form to the reference. This request is in compliance with Federal Law P.L. 93-380 (Family Educator Rights and Privacy Act of 1974).

- I waive my right to access this letter of recommendation.
- I do not waive my right to access this letter of recommendation.

Signature of Applicant

III. SUMMARY SHEET TO BE COMPLETED BY THE REFERENCE

Instructions for person making the recommendation:

- Review sections I and II to ensure the applicant has provided the necessary information.
- Complete the remainder of the form.
- Place the completed recommendation in an envelope, seal and sign your name across the seal of the envelope. Return the form to the applicant. The applicant will return the sealed envelope with his or her application.

How well do you know the applicant?
 Very well Fairly well Minimally Unknown

How long have you known the applicant? _____ (days, months, years)

Identify the associations you've had with the applicant. References should not include family members or friends. Check all that apply.

- Instructor Employer/Supervisor
- Academic Advisor Community Organization Other _____



2012 IHERF Healthcare Career Scholarship Program
REFERENCE FORM #3 – Personal Reference (other than family/friend)

Application Deadline – Postmarked by Wednesday, March 14, 2012

Name of Applicant _____

Please rate the applicant's achievement and potential by entering an "X" in the appropriate spaces below.

Skill	Exceptional	Above Average	Average	Below Average	Not Able to Respond
Decision-making ability					
Organizational skills					
Communication skills:					
Written					
Oral					
Adaptability to stress					
Positive attitude					
Integrity					
Interpersonal sensitivity					
Leadership ability					
Ability to commit to:					
Goals					
Persons					

In addition to the ratings, please give your evaluation of the applicant. It is important that you complete this section. You may want to indicate your perceptions of the applicant's strengths and limitations.

PLEASE (✓) CHECK ONE:
 My recommendation is: highly recommend recommend do not recommend

Signature of <u>Personal Reference</u> Making Recommendation	Date
--	------

Printed Name	Business and Position <i>(if applicable)</i>
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Address

Work Telephone Number ()	Home Telephone Number ()
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