Friends of Henry County Health Center
2025 Loan/Scholarship Application

Friends of Henry County Health Center are offering Loans/Scholarships to deserving individuals interested in a health occupation. Applicants must be a resident of Henry County or a current associate of Henry County Health Center, or a member of the immediate family of a Henry County Health Center associate. Applicants are not restricted to programs within the State of Iowa, but Henry County Health Center reserves the right to review the program.

Name: _____

Address: _____

_____

Telephone: _____

Check all that apply.
- o **I am a resident of Henry County.**
- o **I am an HCHC associate. Department: _____**
- o **I am an immediate family member of an HCHC associate. Associate's name and department: _____**

In what community activities, organizations, school, or church activities are you actively involved? Please describe your involvement.

What are your educational goals?

Why are you pursuing this goal/goals?

What school will you/do you attend? Are you currently enrolled or have you received notice of acceptance?

Are you currently enrolled in a program? What is the length of the program?

If applicable, what high school did you graduate from and what was your GPA?

If you have completed some college/advanced training, please list certifications and attach college transcripts.

How do you anticipate financing your education? Please check the appropriate categories and explain.

      Parental/Family Support _____

      Personal Savings_____

      Employment _____

What other scholarships/loans have you been awarded?

What other scholarships/loans have you applied for?

If you have applied for federal aid, please attach page 1 of the Student Aid Report (SAR). May we contact your college Financial Aid Office to clarify any questions we have?
- o **Yes**
- o **No**

If you have been employed during the past five years, please list where and your supervisors.

    May we contact them?
- o **Yes**
- o **No**

Are you a previous HCHC Loan/Scholarship recipient? If so, what year did you receive scholarship funds?

If you have not received a Loan/Scholarship in the past, please submit two (2) letters of general recommendation with this application.

Please explain why you feel you deserve this scholarship/loan.

All first-time applicants are asked to contact the Henry County Health Center supervisor in your field of interest and schedule a brief interview. The purpose is for prospective candidates to be introduced to HCHC and learn a little bit about their field of interest. Please use this as an opportunity to speak candidly and find out about training and education requirements, benefits, career choices, and pitfalls.

SIGNATURE OF HCHC SUPERVISOR: _____DATE: _____

Department	HCHC Supervisor's Name	
Diagnostic Imaging	Berdelle Severson	319-385-6158
Health Information	Charlie Hammel	319-385-6133
Management Laboratory	Dawn Heald	319-385-6148
Nursing	Allison Clarke	319-385-6528
Pharmacy	John Vallandingham	319-385-6109
Emergency Medical Services	Heather Kleemeyer	319-385-6555
Respiratory Care	Dawn Clayburn	319-768-1851

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The loan/scholarship limit is $2,000 per year per individual. These funds have been designated as a Loan/Scholarship because the recipient will be asked to sign an agreement with the health center stating they will work at Henry County Health Center after graduation and licensing. (Subject to availability of open positions.) Up to $1,000 per year will be waived as the individual fulfills their obligation.

Successful applicants from previous years will need to reapply each year to be considered for additional funding.

Successful applicants may apply funding to qualified coursework, beginning with the upcoming session.

Submit completed application to: Public Information Department
Scholarship Committee Henry County
Health Center 407 South White Street
Mt. Pleasant, IA 52641

Deadline: Tuesday, April 1, 2025, at 5pm

The above information is accurate and complete to the best of my knowledge.

_____   _____

Applicant Signature   **Date**