



Friends of Henry County Health Center 2026 Scholarship Application

Friends of Henry County Health Center are offering \$1,000 scholarships to deserving individuals interested in a healthcare occupation. Applicants must be a resident of Henry County or work at Henry County Health Center, or be a member of the immediate family of someone who works at HCHC. Applicants are not restricted to programs within the State of Iowa, but the Friends of HCHC Scholarship Committee reserves the right to review the program.

Name: _____

Address: _____

Telephone: _____

Email: _____

Check all that apply.

- I am a resident of Henry County.**
- I work at HCHC. Department:** _____
- I am an immediate family member of someone who works at HCHC.
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?

Yes

No

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

May we contact them?

Yes

No

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

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

Please explain why you feel you deserve this scholarship.

The scholarship limit is \$1,000 per year per individual.

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:

kheerdt@greatriverhealth.org or mail to:
Friends of Henry County Health Center
Attn: Scholarship Committee
407 South White Street Mt. Pleasant, IA 52641

Applications can also be dropped off in the Public Information Department at Henry County Health Center.

Deadline: Friday, April 10, 2026, at 2pm

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

Applicant Signature

Date

Any questions can be directed to Kirsten Heerdt 319-385-6524.