

COMMUNITY HOSPITAL-FAIRFAX
Development Council & Auxiliary Scholarships
P.O. BOX 107
FAIRFAX, MISSOURI 64446

Community Hospital Development Council & Auxiliary Healthcare Education Scholarships
FALL SEMESTER 2010

Community Hospital, Fairfax Development Council and Community Hospital Auxiliary invites you to apply for their Healthcare Educational Scholarship Program. This Program provides assistance with your healthcare education at any approved educational institution. The following information explains the guidelines of the healthcare education scholarship program and how to apply.

Who is Eligible?	Students currently accepted for admission to an approved educational institution in a healthcare program. Students may be newly accepted or currently enrolled and taking classes for a higher degree or advanced training in a healthcare field.
	<p><u>Criteria for selection will include:</u></p> <ul style="list-style-type: none"> • Prior academic achievement and honors • Community service and other indications of service in healthcare • Possible interest in pursuing a career with Community Hospital • Two references, one educational and one personal (non-relative) • Current amount of Scholarship funds available through the Development Council/Auxiliary and who are in most need of assistance amongst candidates.
Amount of Scholarship	The amount of the Scholarship will be awarded based the amount we have to offer and your financial needs. These Scholarships may be renewed in subsequent semesters of your schooling if the selection committee feels you have met criteria and those in most need of the scholarships. The Development Council and Auxiliary will establish the amount of scholarship monies available during any given year. Scholarship monies awarded will be sent directly to the educational institution's Financial Aide Office; or can be used for Travel Stipends secured by the Hospital with a Certificate from an area Station; or used as Child Care Expenses sent directly to a Child Care facility.
How to Apply?	Applications are available at the Community Hospital in the Development Office . The completed application must be returned to that office by <u>JUNE 30, 2010</u> . Late or incomplete Scholarship Applications will not be considered.
Interviews	Interviews will be scheduled after the application return deadline if deemed necessary.

4. On a separate piece of paper discuss: a) Your career goals, and b) What you expect to contribute to your chosen healthcare field.

5. Please provide your work history, listing your most current employer first.

1) Employer	FROM	TO	Duties Performed
	Mo / Yr.	Mo / Yr	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address	Starting Salary- Hourly	Ending Salary-Hourly	
Telephone Numbers	Work Status		
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN/OC		
Job Title	Reason for Leaving		
Supervisor Name & Title	Eligible for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Notice Given <input type="checkbox"/> Yes <input type="checkbox"/> No		

2) Employer	FROM	TO	Duties Performed
	Mo / Yr.	Mo / Yr	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address	Starting Salary- Hourly	Ending Salary-Hourly	
Telephone Numbers	Work Status		
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN/OC		
Job Title	Reason for Leaving		
Supervisor Name & Title	Eligible for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Notice Given <input type="checkbox"/> Yes <input type="checkbox"/> No		

3) Employer	FROM	TO	Duties Performed
	Mo / Yr.	Mo / Yr	
May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Address	Starting Salary- Hourly	Ending Salary-Hourly	
Telephone Numbers	Work Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN/OC		
Job Title	Reason for Leaving		
Supervisor Name & Title	Eligible for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Notice Given <input type="checkbox"/> Yes <input type="checkbox"/> No		

6. Attach two letters of recommendation one education related and one personal (non-relative).
7. MUST attach a letter of acceptance in to a healthcare educational program.
8. Would you be interested in returning to Community Hospital for an internship, rural rotation, work PRN during breaks or as a volunteer during your schooling?

Would you be interested in coming to work at Community Hospital after completion of your schooling?

9. Please list any volunteer or community service activities.

Signature

Date

***Return application to the Development Office at Community Hospital ABSOLUTELY no later than JUNE 30, 2010**