

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

*Community Hospital Development Council & Auxiliary Healthcare Education Scholarships*  
**SPRING 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.

<b>Who is Eligible?</b>	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><b><u>Criteria for selection will include:</u></b></p> <ul style="list-style-type: none"> <li>• Prior academic achievement and honors</li> <li>• Community service and other indications of service in healthcare</li> <li>• Possible interest in pursuing a career with Community Hospital</li> <li>• Two references, one educational and one personal (non-relative)</li> <li>• Current amount of Scholarship funds available through the Development Council/Auxiliary and who are in most need of assistance amongst candidates.</li> </ul>
<b>Amount of Scholarship</b>	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.
<b>How to Apply?</b>	Applications are available at the <b>Community Hospital in the Development Office</b> . The completed application must be returned to that office by <b><u>December 31, 2009</u></b> . <b>Late or incomplete Scholarship Applications will not be considered.</b>
<b>Interviews</b>	Interviews will be scheduled after the application return deadline if deemed necessary.

**COMMUNITY HOSPITAL-FAIRFAX  
DEVELOPMENT COUNCIL & HOSPITAL AUXILIARY  
HEALTHCARE EDUCATION SCHOLARSHIP APPLICATION  
Deadline Return –December 31, 2009 – for Spring 2010 Classes  
(Please type or write legibly)**

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

EDUCATIONAL FACILITY (you plan to attend) \_\_\_\_\_

Address: \_\_\_\_\_

FIELD OF STUDY \_\_\_\_\_

YOUR ADDRESS (if different than Home Address while at School) \_\_\_\_\_

EXPECTED GRADUATION MONTH & YEAR \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

SCHOOL TELEPHONE (if different) \_\_\_\_\_

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1. Please describe any healthcare related work experience you have had.

2. Describe your financial need regarding continuing your education. Please include any financial assistance you receive (i.e.: scholarships, loans, fee waivers, etc). Financial information will be kept confidential.  
Amount of educational loans: \_\_\_\_\_. Amount of scholarships = \_\_\_\_\_.

Is your ability to continue your education dependent upon this scholarship?

3. Describe your academic performance including your current GPA and number of earned college hours  
**(Must attach your most current transcript).**

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 December 31, 2009.**