

CASSIA HEALTH CARE FOUNDATION

CONTINUING EDUCATION SCHOLARSHIP-2012

APPLICATION REQUIREMENTS

1. One scholarship equals \$2000.00 which will be divided up over a 4 year period to each college student that qualifies (\$500.00 per year if requirements are met annually).
2. Scholarship selection will be based upon financial need, minimum GPA of 3.0, and the applicant's goals and potential value to their chosen health care profession.
3. The scholarship is available to a **student who has graduated from a high school in Cassia County, or is now a resident of Cassia County.** *The applicant must have completed one year of college and/or have been accepted into a health care program.*
4. Scholarship requests need to be turned in to the Project Chairman of the Cassia Health Care Foundation.
5. The application must include 2 letters of recommendation.
6. The application shall include a copy of the most recent official transcript record.
7. Selection of scholarship recipients will be made by a committee of the Cassia Health Care Foundation Board.

8. Applications are due by APRIL 1, 2012: Please send to:

Rebecca Harper

Project Chairman

Cassia Health Care Foundation

Cassia Regional Medical Center

1501 Hiland Avenue, Suite D

Burley, Idaho 83318

(208) 677-6587

rebecca.harper@imail.org

2012-SCHOLARSHIP APPLICATION

Date _____

Health Care Program or Declared Major _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

EDUCATIONAL BACKGROUND

Beginning with High School, list names of schools attended

Name of School

Date Attended

EMPLOYMENT INFORMATION

Begin with most recent employment and indicate if full or part time.

EMPLOYER	DATES	TYPE OF WORK
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL INFORMATION

1. Hobbies, interests, awards you may have received.
2. What are your career goals?
3. Tell us why you would be the best recipient to receive this scholarship!

Cassia Healthcare Foundation Scholarship 2012

PERSONAL REFERENCE FORM

I am applying for an education scholarship from the Cassia Health Care Foundation (CHCF). The scholarship will be based upon my GPA of 3.0 or higher, financial need, and my asset to the health care profession I have chosen. As a reference, you have my authorization to give the information requested below.

Signature of applicant

Date

Please comment on your relationship with the applicant, how long you have known them, and why they would be deserving of this scholarship. (You may use this area to comment or attach a letter to this form.)

Reference signature

Date

Please return this form by April 1, 2012 via mail or email to:

Rebecca Harper

Project Chairman

Cassia Health Care Foundation

Cassia Regional Medical Center

1501 Hiland Avenue, Suite D Burley, Idaho 83318

(208) 677-6587 or rebecca.harper@imail.org