

MERRILL PIONEER COMMUNITY HOSPITAL ASSOCIATION SCHOLARSHIP APPLICATION

Scholarship Details and Requirments

This scholarship is for \$1,500. There will be up to 3 scholarships awarded in 2024.

One scholarship will be awarded per selected graduating senior.

Please print neatly or type all information.

Name: _____ Telephone: _____

Address: _____ City, State, Zip: _____

Email Address: _____

If you are a high school student, Parents' Name(s): _____

School currently attending: _____ Not in school

Did you participate in CAPS Health at Avera Merrill Pioneer Hospital, or other workplace learning, shadow experiences? Yes No

Are you a graduating senior? Yes No Current grade point average? _____

List school, extracurricular or volunteer activities you are involved in: _____

College, University or Vocational School you plan to attend in Fall 2024:

Name: _____

City, State: _____

Are you currently enrolled or have been accepted for enrollment? Yes No

Health care career planning to pursue: _____

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- ✓ **The purpose of this scholarship is to support Lyon County, IA students entering the healthcare field following high school graduation. Ultimately, we hope students will return to Lyon County to live, work, and care for our community. On a seperate piece of paper, briefly describe why you have chosen a health care related field and how your education will benefit or impact Lyon County.**
 - ✓ **Please submit a letter of reference from one of your teachers or a supervisor (work or volunteer).**
 - ✓ **Please include a copy of your unofficial highschool transcript.**
 - ✓ **Application Deadline: post marked, hand delivered, or emailed by March 15, 2024**
 - ✓ **Return Applications to:**

Mail:
MPCH
PO Box 550
Rock Rapids, IA 51246

Hand Delivered:
Avera Merrill Pioneer Hospital
1100 S. 10th Ave
Rock Rapids, IA 51246

Email:
Brian Eben
briane@frontierbank.com