



Knox Community HOSPITAL

Auxiliary

Knox Community Hospital Auxiliary

The purpose of the Knox Community Hospital Auxiliary is to provide services to Knox Community Hospital and its patients, and to assist Knox Community Hospital in promoting the health and welfare of the community in accordance with the mission and vision established by the institution.

In support of this purpose, the Auxiliary has established Health Care Scholarships available to Knox County residents with a high school or equivalent diploma, or currently high school seniors, who are pursuing or plan to pursue an undergraduate degree in the Health Care field.

Candidates will be screened and selected by the Scholarship Committee of the Knox Community Hospital Auxiliary. Applications are due to Knox Community Hospital - 1330 Coshocton Avenue; Attn: Marketing Department by **March 27th, 2023**. The Marketing Department will then forward these applications to the Scholarship Committee of the Knox Community Hospital Auxiliary.

The following procedures will apply:

1. The Guidance Departments of Knox County high schools and college admissions offices will be notified of the scholarships and asked to announce the availability to students.
2. In order to receive one of the scholarships, the recipient must be officially accepted at and enrolled in an accredited post secondary institution within six months from the date of the application. Scholarship checks will be made out to the institution in which the recipient is enrolled. If the student does not begin school at the anticipated time, the full scholarship award must be returned to the Knox Community Hospital Auxiliary.
3. Final candidates will be selected by the Scholarship Committee and invited for an interview by that committee. Recipients will be selected from this group of finalists.
4. Scholarship awards are made without regard to race, national origin, religion, disability, age, gender, sexual orientation, or the institution to which the applications have been made.



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Application for Health Career Scholarships

Instructions: Please fill in the blanks below. Two additional references are also required. Return submissions to Knox Community Hospital, 1330 Coshocton Avenue, Mount Vernon, OH 43050 Attn: Marketing Department by **March 27th, 2023**. The Marketing Department will forward all applications to the Scholarship Committee. PLEASE PRINT THE APPLICATION AND DO NOT USE STAPLES. Be sure to fill in each blank. Failure to do so will void the application.

***Do not use pencil. Black Ink Preferred.**

Name: _____ High School: _____

Home Address: _____ Email: _____

City: _____ Zip Code: _____

Home Phone (if applicable) #: _____ Cell Phone #: _____

Date of Birth: _____

Father's (or Legal Guardian) Name: _____ Occupation: _____

Mother's (or Legal Guardian) Name: _____ Occupation: _____

Below, list the names and ages of siblings in the home or attending college or post high school, vocational, or technical school:

List names of other persons financially dependent upon your parents/guardians:

Accredited institution you plan to attend: _____

Have you applied? _____ Are you accepted? _____

Anticipated health career area: _____



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Please provide the following information which the committee will review when considering your application. It is important that you use BLACK INK and NO STAPLES as applications will be reproduced for each committee member AND that all items are included. Incomplete information is NOT evaluated.

1. List of all scholarships for which you have applied. List of any scholarships you have received and the amounts.
2. Approximate costs of school you plan to attend, both annual tuition and room/board.
3. List of activities that you have participated in and any awards/honors received. Include school, church, sports, 4H, community activities.
4. Your employment record including employer name(s) and approximate hours/week worked.
5. Two letters of recommendation:
 - a. One from science or health technology instructor, and
 - b. One from someone other than teacher or guidance counselor.
6. Current official school transcript, whether high school or college.
7. Record from guidance counselor of attendance and tardiness, class ranking (if not on transcript) and ACT/SAT scores.
8. Essay (typed or handwritten in black ink). No more than 2 – 3 pages in length (8.5x11) addressing why you have chosen your career goal, why you need scholarship money and any information you think the committee needs to consider.