

Scholarship Program



Decatur County
Memorial Hospital
The Quality Care You Want. Close By.

Details and Eligibility:

- One-time scholarships of \$1000 each will be awarded to up to three individuals on an annual basis.
- Must be a graduating resident of Decatur County, accepted into a healthcare related vocational or college program consistent with the needs of our local community, and enrolled in a minimum of 6 credit hours.
- Application deadline is **April 30th**.
- Late or incomplete applications will be rejected.
- Immediate family members of Decatur County Memorial Hospital are eligible to receive the scholarship award. Employees are not eligible for a scholarship.
- In addition to the application, please submit a 200 word essay sharing the reason you are pursuing a career in healthcare. Explain why you should be selected to receive the DCMH scholarship and elaborate on any unique circumstances including financial or personal challenges.
- Please attach a letter of acceptance from the school you will be attending.

Please send completed applications to:

Decatur County Memorial Hospital
Attn: Laura Foster, Human Resources
720 N. Lincoln Street
Greensburg, IN 47240

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Student Information

The Decatur County Memorial Hospital (DCMH) scholarship program is intended for the education of individuals interested in a healthcare related field. DCMH is committed to helping prepare healthcare professionals for the future and offers a scholarship program as a recruitment tool and a community service.

1. The selection of and the admission to an accredited school shall be the responsibility of the student. Students already enrolled in a school are eligible for the scholarship program. If the student has not yet been accepted, approval is contingent upon their acceptance into their chosen program by their school. Accredited schools include vocational and technical colleges, community colleges and universities.
2. Applications shall be submitted to Human Resources department of DCMH by **April 30th** and are available online at dcmh.net.
3. Scholarship applications must include the following in order to be considered:
 - a. Completed application
 - b. Transcript of grades from the most recently attended school
 - c. A letter of acceptance from the school you will be/are attending (if available)
 - d. 200 word essay (details on previous page)
 - d. Two reference letters as described in #4
4. The applicant is responsible for contacting the two references listed on the application and asking them to submit letters of reference directly to the Human Resources department at DCMH by the April 30th deadline. The references can be emailed to dennis.fogle@dcmh.net or mailed to:
Decatur County Memorial Hospital
Attn: Laura Foster, Human Resources
720 N. Lincoln Street
Greensburg, IN 47240
5. Scholarship recipients are not guaranteed a position within the organization. DCMH will consider the applications of scholarship recipients along with all other applications.
6. Scholarship recipients will provide DCMH with the school's name, address, phone number and their student ID number. DCMH will then mail the scholarship money to the school. No funds will be given to the student directly.
7. Final applicants may be scheduled to interview with the selection committee. All applicants will be notified once the DCMH Scholarship Selection Committee has made their final selections (approximately May 31).

Scholarship Application



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Please type or print:

I. APPLICANT

Name: Mrs Ms Mr _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Alternate Phone Number: _____

Have you been accepted to an accredited school: Yes No Pending

Name of School: _____ Degree type upon completion: _____

Date of high school graduation (month/year): _____

Anticipated date of college graduation (month/year): _____

Have you been involved in a student program at DCMH? _____

II. EDUCATION

List in chronological order high schools, colleges and universities attended in the last five years.

Name of School	Location	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any scholastic distinction or honors you have received:

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Describe key success factors needed in a workplace:

III. OUTSIDE ACTIVITIES

List your extra-curricular activities, community service, and hobbies in which you have been involved during the past four years.

IV. WORK EXPERIENCE

Position	Employer	Dates	Hours Per Week

V. REFERENCES

List the names of two people (not relatives), to use as references, such as a teacher, an employer, or a business person. Letter of reference from these individuals must be submitted to the Human Resources department by the **April 30th** deadline.

Name	Address	Occupation	Phone Number

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VI. COLLEGE/UNIVERSITY INFO

Name of School Attending: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Student ID #: _____

FOR HR USE ONLY

Date received: _____

SUBMISSIONS RECEIVED:

- Completed Application
- Letter of Acceptance
- Essay
- Reference #1
- Reference #2

NOTES: _____
