**Scholarship Program - Decatur County Memorial Hospital**

**Details and Eligibility:**

* One-time scholarships of $1000 each will be awarded annually on a merit based review system.
* Must be graduating from Decatur County community Schools or Greensburg Community Schools and/or a Decatur County resident, 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 15th**
* Late or incomplete applications will be rejected
* Team members and their Immediate families of Decatur County Memorial Hospital are eligible to receive the scholarship award.
* 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.
* Letters of reference are required as per application instructions.

**Please send completed applications to:**

Decatur County Memorial Hospital

Attn: Billi Bruner, Human Resources

720 N. Lincoln St

Greensburg, IN 47240

**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 community service and recruitment tool.

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, junior colleges and 4-year colleges and universities.

2. Applications shall be submitted to Human Resources department of DCMH by April 15th of current year at 5:00 pm

 Eastern 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)

 e. 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 15th deadline.

 The references can be emailed to Billi.Bruner@dcmh.net or mailed to:

 Decatur County Memorial Hospital

 Attn: Billi Bruner, Human Resources

 720 N. Lincoln St

 Greensburg, IN 47240

5. Scholarship recipients are not guaranteed a position within the DCMH system. DCMH will consider the employment

 applications of scholarship recipients along with all other applications.

6. All applicants will be notified once the DCMH Senior Leadership Team has made their final selections. Recipients will

 be announced at each school’s senior awards program.

**Scholarship Application Decatur County Memorial Hospital**

**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

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List any scholastic distinction or honors you have received:

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Describe key success factors needed in a workplace:

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III. OUTSIDE ACTIVITIES

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

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IV. WORK EXPERIENCE

 Position Employer Dates Hours Per Week

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V. REFERENCES

List the names of two people (not relatives), to use as references, such as teacher, an employer, or a business person. Letter of reference from these individuals must be submitted to the Human Resources department by the April 15th deadline.

 Name Address Occupation Phone Number

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