

## Dr. Maus Dawson-Boyd Community Scholarship

Dear Applicant:

Thank you for applying for the Dr. Maus Dawson-Boyd Community Scholarship.

### **ELIGIBILITY:**

Graduates of Dawson-Boyd High School who are currently enrolled in a full-time college or vocational school program, or high school seniors who will be enrolled full-time upon graduation. Scholarship candidates must be pursuing a career in a health-related field.

Upon completion of their course of study, the student is encouraged to seek a position in Dawson or another rural healthcare setting, if such a position is available.

However, that is a suggestion rather than a requirement. **Please note that applicants in their first tier of contact having actual patient contact or those committed to serving small communities such as our own will have a slight advantage in the application process.**

### **REQUIRED INFORMATION:**

- 1) Completed application form.
- 2) Two letters of recommendation: Letters should include statements about your character, academic aptitude and potential, responsibility, attitude, and other appropriate information. (Suggested sources are: school official, business person, community leader, and clergy.)
- 3) Description of goals: Attach a one-page description of your goals and plans following completion of your post-high school education, and explain why you have made this choice.
- 4) Current transcript of grades.
- 5) Statement of financial need.
- 6) List of other scholarships/awards received, applied for, or are eligible for.

*(Failure to provide the required information will result in applicant being disqualified for a scholarship award.)*

### **DEADLINE: APRIL 30<sup>th</sup>**

Applications must be completed and returned to: Johnson Memorial Health Services Development Coordinator OR Dawson-Boyd High School career guidance counselor.

The Scholarship Review Committee will review all applications. All applicants will be notified whether or not they were granted an award. If awarded, the scholarship will be paid when the applicant provides:

- 1) First semester grade transcripts in a healthcare field, and
- 2) Second semester registration or fee statement in a healthcare field.

Good luck!



**Dr. Maus Dawson-Boyd Community Scholarship Agreement**

I, \_\_\_\_\_ hereby accept the Dr. Maus Dawson-Boyd Community Scholarship and agree to the following conditions of the award.

**ELIGIBILITY:**

Graduates of Dawson-Boyd High School who are currently enrolled in a full-time college or vocational school program, or high school seniors who will be enrolled full-time upon graduation. Scholarship recipients must be pursuing a career in an accredited health-related field. Upon completion of their course of study, the student is encouraged, but not required, to consider working in a rural healthcare environment.

The recipient of the scholarship will be paid the actual funds upon providing:

- 1) Grade transcripts of a successful first semester in an accredited healthcare field, and
- 2) Second semester registration or fee statement in an accredited healthcare field.

The recipient shall give written notice to the administrator in the event he/she shall not complete the course of study at an accredited healthcare program. In the event of a medical reason for discontinuation of the program, the recipient shall provide the administrator with a written letter stating the reason for discontinuation of the accredited healthcare program.

\_\_\_\_\_  
Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date