

Dr. Maus Dawson-Boyd Community Scholarship

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:

- Completed application form.
- Two letters of recommendation: Letters should include statements about your character, academic aptitude and potential, responsibility, attitude, and other appropriate information. *Please note letters of recommendation should address you by name in the first sentence only. Names or nicknames may not be included in other paragraphs.* (Suggested sources are: school official, business person, community leader, and clergy.)
- Description of goals: one-page description of your goals and plans following completion of your post-high school education, and explain why you have made this choice.
- Current transcript of grades.
- Statement of financial need.
- 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 30th

Applications must be completed and returned to: Kristyn Wicht at Johnson Memorial Health Services 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.

Identifying information

Name: _____
Last First Middle

Address: _____
Street or P.O.Box City State Zip

Telephone: _____ Email: _____

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

Dr. Maus Dawson-Boyd Community Scholarship Application

Please do not include any identifying information in this portion of the application.

College or Vocational School where you are enrolled or plan to enroll:

Major Course of study or interest:

Why have you selected this field?

High school activities in which you participated:

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High school awards you received:

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Past high school applicants – activities or awards for past two years only:

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Description of Goals

One page description of your goals and plans following completion of your post-high school education, and explain why you have made this choice. *Please remember to include only non-identifying information.*

Statement of Financial Need

1. How are you currently financing your education? Sources of financial aid, help from family, taking out student loans or private loans, working at a job.
2. What difficulties will you face in paying for your education? Are there extra costs this year?
3. Has there been a change in your family or personal situation that is making it harder for you to pay for college?
4. What would you gain from this scholarship? Would it help you to be able to work less so that you can focus on your studies?
5. Do you need support so that you can take an unpaid internship, an intern or community service?

List of other scholarships/awards received, applied for, or are eligible for.

Scholarship	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____