



**AUXILIARY**  
**COLUMBUS REGIONAL HEALTH**

June 1, 2018

Dear Applicant,

On behalf of the CRH Auxiliary, I would like to offer you the opportunity to apply for a scholarship to assist you financially in furthering your healthcare education. This year, we have two scholarships – the Nancy Ann Hamilton Memorial Scholarship and the CRH Auxiliary Education Scholarship. Applications will be accepted through **August 23, 2018**. These scholarships are available for an undergraduate or graduate degree, or certification in a healthcare field. The CRH Auxiliary will award two, \$1,000 scholarships.

Please find the following information included to better assist your application process:

- A description of the scholarship fund and requirements
- Application coversheet with checklist
- Application form
- Character reference requirements

Please note the following important dates for the scholarship process. If you are chosen as a finalist, you must be available for an interview, so please be aware of the date.

- **Completed application E-MAILED to Volunteer Services** **August 23, 2018**  
*This includes the application, essay, official college transcript, and character references. Absolutely no applications will be accepted after the deadline listed. Incomplete applications will not be considered.*
- **Notification & interviews of final candidates** **by August 30, 2018**  
The CRH Auxiliary Scholarship Committee will conduct the interviews. All interviews will be conducted in the Volunteer Services office located in the Hawcreek Medical Office Building North, 2326 18<sup>th</sup> St, Ste. 140, Columbus, IN 47201.
- **Awarding of the scholarships at the CRH Auxiliary Luncheon** **September 21, 2018**  
The CRH Auxiliary will have a luncheon at the Hilton Garden Inn in Edinburgh and award the scholarships. The luncheon is from 11:30-2:00. Scholarship recipients are asked to attend.

To be eligible for one of the CRH Auxiliary Scholarships the following guidelines apply:

- Applicants must be pursuing a career in a healthcare field
- Applicants must be currently enrolled in a post-secondary education program and have completed at least 12 credit hours
- Applicants must have a "C" or better grade point average
- Applicant finalists will be interviewed by the CRH Auxiliary Scholarship Committee
- Scholarships will be directly awarded to the recipient's accredited school or program. Institutions within a 100 mile radius will be given preference.
- **All applicants** will be notified by **September 8**, via e-mail

Thank you for choosing to impact the lives of others through actively seeking a career in healthcare. We look forward to receiving your application and look forward to the opportunity to possibly help you reach your academic goal by investing in your future. Please feel free to call 812-376-5305 if you have any questions.

Regards,

Rebekah Walsh, Director Volunteer Services



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## Scholarship Application Form

The Columbus Regional Health Auxiliary Scholarships are designed to provide financial assistance to a student pursuing a career in healthcare. Eligibility guidelines are included in the accompanying cover letter. Please be sure to adhere to the guidelines and note the important dates provided.

### Applicant Check List:

- \_\_\_\_\_ Current transcript including current GPA (minimum of 12 credit hours completed)
- \_\_\_\_\_ Essay (two-page limit)
- \_\_\_\_\_ Three (3) Character Reference forms (completed and sent on your behalf)
- \_\_\_\_\_ Eligibility guidelines reviewed

**PLEASE E-MAIL YOUR APPLICATION AND SUPPORTING DOCUMENTS IN PDF FORMAT TO:**  
**Volunteer Services - [volunteerservices@crh.org](mailto:volunteerservices@crh.org)**  
**No later than: August 23, 2018**

### PLEASE TYPE or PRINT LEGIBLY

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Have you ever received the CRH Auxiliary Scholarship before?  Yes  No

### ACADEMIC BACKGROUND

High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

College currently enrolled: \_\_\_\_\_ GPA: \_\_\_\_\_

Area of study: \_\_\_\_\_

Credits Completed: \_\_\_\_\_ Anticipated graduation date: \_\_\_\_\_

**EXPERIENCE**

List any healthcare-related activities in which you are currently involved:

CRH Volunteer:

Service Area(s): \_\_\_\_\_

Number of Hours Served to Date: \_\_\_\_\_

Other volunteer experience related to healthcare:

Organization: \_\_\_\_\_ Hours Served to Date: \_\_\_\_\_

Other volunteer experience:

Organization: \_\_\_\_\_ Hours Served to Date: \_\_\_\_\_

Healthcare Work Experience:

\_\_\_\_\_  
\_\_\_\_\_

List any other activities, in which you currently participate, in college or in your community:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT ESSAY**

Please submit your essay typed, double-spaced, and no more than two pages. The essay should reflect who you are as a person; why you are pursuing a career in healthcare; the impact obtaining this degree will have on your life; and why you want or need this scholarship. Essays will be judged primarily on content, but grammar and professional presentation are also important.

\_\_\_\_\_

*I meet the eligibility requirements of this scholarship and will comply with the guidelines listed. Furthermore, the information that I have included in this application process is accurate. I understand that the CRH Auxiliary has the right to verify the information provided.*

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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## Scholarship Application - Character Reference Form

**NOTE TO PERSON PROVIDING REFERENCE:**

Please complete this form, scan it as a PDF, and return directly to the CRH Auxiliary via e-mail with the following as your subject line: **Character Reference for (Applicant's Name)**. If you prefer to type it as an e-mail, please be sure to answer all the questions listed below.

**E-MAIL TO: Volunteer Services – [volunteerservices@crh.org](mailto:volunteerservices@crh.org)**  
**SUBMIT NO LATER THAN: August 23, 2018**

Applicant Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Reference E-Mail: \_\_\_\_\_

How many years have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

What do you consider to be the applicant's most distinguishing characteristics? Please include supporting examples.

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Any additional comments?

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