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2400 East 17th Street Columbus, Indiana 47201 812.376.5100 Fax 812.376.5815 *foundation.crh.org* crhfoundation@crh.org January 21, 2022

Dear Applicant:

Thank you for applying for a Robert Borczon Memorial Scholarship. We are pleased to provide you with this opportunity to apply for funds so that you may further your education in a health-related field. Columbus Regional Health Foundation is pleased to administer the Robert Borczon Memorial Scholarship as a way to provide financial assistance to Columbus Regional Health employees.

Included in application packet:

- Description of Scholarship Fund/requirements
- Application cover sheet & checklist
- Application form
- (2) Character Recommendation forms

Incomplete applications will not be considered for this scholarship.

The following are important dates for the scholarship process. If you are chosen as a finalist, you <u>must be available for interviews</u>. Interviews are conducted during the morning of Friday, May 6th. Please make arrangements now to be available.

•	Monday, April 11, 2022	<u>Completed</u> applications due in the Foundation office by 5:00 pm.

- Friday, April 22, 2022
 Finalists notified; interviews scheduled
- Friday, May 6, 2022
- Finalists' interviews
- Monday, May 9, 2022 Winners

Winners notified and announced

Best wishes in pursuing the scholarship and achieving your educational goals and feel free to call the Foundation office at 376-5100 if you have questions.

Sincerely,

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Julie Abedian President

-2022-Robert Borczon Memorial Scholarship Fund Columbus Regional Health Foundation

Robert Borczon was the chief administrator at Columbus Regional Hospital from 1967 until his retirement in 1985. He believed in the importance of education and desired that hospital employees be provided an opportunity to further their training. He was a supporter of employees who set high educational goals for themselves and diligently worked to accomplish them.

When Mr. Borczon died in 1998, to honor his commitment to education, a fund was established with Columbus Regional Hospital Foundation to award scholarships to hospital employees who are seeking professional development in a health-related career through post-secondary education.

Eligibility Requirements:

- Employed by Columbus Regional Health for a minimum of one year, as of April 1, 2022
- Must work at least an average of 40 hours per pay period over the last 12 months
- Be admitted to an accredited post-secondary program
- Be seeking a degree in a health-related field, including business
- Submit two character recommendations one must come from applicant's current supervisor – not a past supervisor.
- Must be available for interview (if selected as finalist) with the scholarship committee the morning of: Friday, May 6th, 2022
- If selected as a recipient, must agree to continue employment at Columbus Regional Health for at least two years from final disbursement of scholarship.

Four winners will each receive a \$3,000 scholarship, payable in two installments to their respective school. An initial payment of \$1,500 will be given the first year, and the remaining \$1,500 may be renewed by each recipient the following year or within five years of the original award as long as initial qualifications are still met. Two-year employment agreement is effective from the date the school receives the final payment.

Award winners will be selected based upon financial need, quality and completeness of application, timeframe for completion of program, and academic performance or potential. <u>All applicants are required to attach a copy of their completed Free Application for Federal Student Aid (FAFSA).</u>

Eligible employees are invited to pick up an application in the Hospital Foundation office or the application can be downloaded from the CRH Intranet. Applications should be submitted to the Foundation Office **by 5:00 p.m.** on **Monday, April 11th, 2022**. Finalists will be contacted on <u>April 22nd, 2022</u> to set up an interview for <u>Friday, May 6, 2022</u>.

Scholarship recipients will be notified by telephone on <u>Monday</u>, <u>May 9</u>, 2022, and announcements will be made through CRH media and *The Republic* newspaper.



COLUMBUS REGIONAL HEALTH FOUNDATION

2022 Robert Borczon Memorial Scholarship Application

Applicant Checklist:

- \Box Hire Date (CRH employee for 1 yr. as of 4/1/22)
- □ Has worked at least an average of 40 hours/pay period over the last 12 months
- □ Completed application
- □ Free Application for Federal Student Aid (FAFSA) SAR report attached
- FAFSA is still required even if loans will be declined to determine financial need
- Current unofficial transcript attached
- Essay
- □ *Optional special circumstance essay
- □ (2) Character Recommendation forms submitted to Foundation
 - o (one must come from applicant's current supervisor not a past supervisor)

2022 Columbus Regional Health Foundation Robert Borczon Memorial Scholarship Application

Applicant Information:	
Name	Date
Home Address	Phone
City, State, Zip	CRH Phone
Marital Status Hire Date	CRH Dept. Name
Average hours per week worked Job Title	
Have you ever received the Robert Borczon Memorial	Scholarship before? Yes No
If yes, when what amount?	
If no, have you interviewed for the scholarship? Yes _	When? No
Current Academic Program:	
College currently enrolled at	Number of completed credit hours
GPA:	Type of degree
Area of study or degree program	Anticipated graduation date

Prior Academic Background (List high school if no college experience & include any certifications):

College/University Attended	Program Enrolled	GPA	Did you graduate	Dates of attendance	Degree/Certificate received

*PLEASE ATTACH COPIES OF UNOFFICIAL TRANSCRIPTS FROM ALL COLLEGE EXPERIENCES.

Community/Volunteer Experience: (List all volunteer activities even those you are no longer participating; they do not need to be related to health care. Please attach extra sheet if necessary)

Volunteer Activity	Date(s) Volunteered	Volunteer Activity	Date(s) Volunteered

Financial Needs:

Total aggregated gross income	\$
Number of people in the household	
Number of people in household pursuing college	
What is your estimated family contribution (EFC) according to the FAFSA	

Total Cost of College Per Year:

Tuition	\$	Books/Fees	\$

Source of Funds:

<u>Amount</u>

SOURCE OF FUNDS	AMOUNT	SOURCE OF FUNDS	AMOUNT
Personal earnings	\$	Loans	\$
Grants	\$	CRH Tuition Reimbursement	\$
Scholarships	\$	Savings	\$

REQUIREMENT - Complete & attach copy of Free Application for Federal Student Aid (FAFSA) confirmation page. FAFSA can be completed at <u>www.fafsa.ed.gov</u>. NOTE: If you would like assistance completing the application, the Foundation office is happy to assist you (X5100).

Work Experience:

1. Name of Employer:	From:	То:		
Duties				
Why did you leave?				
2. Name of Employer:				
Duties				
Why did you leave?				
3. Name of Employer:				
Duties				
Why did you leave?				

Student Essay:

Please submit your essay on a single sheet of paper, typed and double-spaced. The essay should reflect who you are as a person; why you are pursuing this degree; and the impact obtaining this degree will have on your life, your community, and/or Columbus Regional Health. Include information about why the Robert Borczon Memorial Scholarship is important for your success or how the Scholarship will help you succeed.

*Optional Essay:

Please describe any special circumstances of hardship, financial or otherwise, you feel should be taken into consideration related to your scholarship application (up to 200 words).

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Character Recommendation for Application Process (APPLICANT'S <u>CURRENT</u> SUPERVISOR)
Employee Name:
Name of Recommender (Supervisor):
Note to Recommender:
Please complete this sheet and return it <u>directly</u> to the Hospital Foundation:
Columbus Regional Health Foundation 2075 Lincoln Park Drive Columbus, IN 47201 OR: crothbart@crh.org
How many years have you known the student/employee?
In what relationship?
What are the student's most distinguishing characteristics? Include supporting examples.
Additional Comments:

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Character Recommendation for Application Process

Employee Name:_____

Name of Recommender:

Note to Recommender:

Please complete this sheet and return it <u>directly</u> to the Hospital Foundation:

Columbus Regional Health Foundation 2075 Lincoln Park Drive Columbus, IN 47201 OR: crothbart@crh.org

How many years have you known the student/employee?_____

In what relationship?_____

What are the student's most distinguishing characteristics? Include supporting examples.

Additional Comments: