



A service of Great River Health Systems

TRANSITIONAL SCHOLARSHIP APPLICATION

Great River Friends awards scholarships to adults who are or have been in the workforce and want to transition into the health-care field. This application does not apply to college students. Applicants must live in Great River Medical Center's service area (approximately a 60-mile radius of Burlington). Scholarships are for a minimum of \$1,000.

Complete all sections. Please print.

Name _____				
_____	_____	_____	_____	_____
First	Middle or Initial	Last		
Address _____				
_____	_____	_____	_____	_____
Number and Street or Box	City	State	Zip Code	
Date of birth _____		Home Telephone _____		
Your occupation _____				

Your employer or work history experience _____

You estimated yearly income \$ _____ Hours worked per week _____

Spouse's name and address (if different from yours) _____

Spouse's occupation and employer _____

Number of dependent children _____ Number of dependent children in college _____

High school last attended _____ Location _____

College(s) or technical school(s) attended _____

Major or courses studied and degree(s) attained _____

School you plan to attend _____ Location _____

Major/certification _____

Career goal _____

List your community activities, organizations and leadership positions or offices. (Example: church groups, volunteer services, scouts and 4-H.) You may attach a separate sheet if needed.

Other information or circumstances (such as a family situation) you think would help the Scholarship Committee in the selection process.

Please read carefully, and sign and date the application.

- Transitional Scholarships are for people moving into a **field of study in health care** because of job loss or career change.
- Scholarships must be used for the academic year awarded and are not renewable. Failure to use the scholarship will result in its forfeiture unless a deferral is granted by the Scholarship Committee.
- Half of the scholarship is available for each semester and must be requested separately. The college or student must provide a course schedule and evidence of registration to Great River Friends each semester before funds will be released. **Payments will be made directly to the college.**
- Scholarship applications must be **postmarked no later than March 15** to be considered by the committee.
- Attach a copy of your most recent high school or college transcript and grade point average, if available, and mail to:
Great River Friends
Attn: Scholarship Committee
1221 S. Gear Ave.
West Burlington, IA 52655
- Scholarship winners will be notified by April 15.
- More information about Great River Friends and Great River Medical Center is available at www.greatrivermedical.org.

If I am awarded a scholarship, I will supply a wallet-sized photograph. I grant permission for a publicity release that may include my name, picture, field of study and amount of my scholarship.

Applicant's Signature _____ Date _____