

**WAVERLY HEALTH**  
— C E N T E R —  
AUXILIARY

**Waverly Health Center Auxiliary and Nursing Scholarship Application**

- All scholarships are to be given to any person within the Waverly Health Center, WHC service area who has graduated high school (or completed the GED) **AND** has completed or is completing one year of education in a health career field. More than one scholarship in any category may be given in one year at the discretion of the Auxiliary Scholarship Committee.
  1. **Auxiliary Scholarship** – applicants must be a full-time OR part-time student attending an institution of higher learning when applying for this scholarship with a 3.0 or higher GPA.
  2. **Auxiliary Nursing Scholarship** – applicants may be a full-time OR part-time student attending an institution of higher learning when applying for this scholarship. Offered only to **Nursing** students with a 3.0 or higher GPA.
- Each scholarship will be **at least \$1000**.
- The scholarship will be awarded according to the decision of a committee consisting of the President, Vice President, Treasurer, and Health Education Chairperson of the WHC Auxiliary, Volunteer Services Manager and a nursing administration representative of Waverly Health Center.
- The Auxiliary Board will authorize payment of the scholarship on the recommendation of the committee. Payment shall be made directly to an accredited institution of higher learning and **will be applied to the fall 2021 tuition**.
- The scholarship may be applied for or reapplied for yearly by any person in the healthcare field.
- Scholarship information will be available to area schools and communities by February 8 and **applications are to be returned by April 16, 2021**. Recipients will be announced in May.
- Incomplete or late applications will not be considered.

**Please include the following to complete your application**

1. Three letters of reference. **At least one reference on college letterhead from a college professor/instructor in a course of your major field of study.**
2. Personal letter stating your career goals.
3. Copy of college transcripts.

## The Waverly Health Center Auxiliary Scholarship Application

Please answer the questions below clearly and concisely. This information will be used by the Scholarship Committee to make the final selection. **Applicants must be accepted by an accredited institution of higher learning when applying for the scholarship.** This application must be returned with letters of reference, college transcripts and personal goals letter by **Friday, April 16, 2021.**

I am applying for (check all that apply):

Auxiliary Scholarship       Auxiliary Nursing Scholarship

Name \_\_\_\_\_ Phone: (    ) - \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street, City, Zip)

E-Mail Address \_\_\_\_\_

Current Occupation \_\_\_\_\_

U.S. Citizen    Yes    No

Waverly Health Center employee    Yes    No    position: \_\_\_\_\_

Waverly Health Center volunteer and /or attended Mini Medical University    Yes    No \_\_\_\_\_

Parent/Spouse is a Waverly Health Center employee/volunteer    Yes    No

Have you previously received an Auxiliary Scholarship?    Yes    No    what year \_\_\_\_\_

School currently attending: \_\_\_\_\_    Current major: \_\_\_\_\_  
(no abbreviations or acronyms)

Expected date of graduation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Cumulative grade point average: \_\_\_\_\_    Enrollment status:    Full time    Part time

School attending 2021-2022: \_\_\_\_\_    Major: \_\_\_\_\_  
(no abbreviations or acronyms)

### Complete if single and are claimed as a dependent on parental 2020 income taxes:

Father's Name: \_\_\_\_\_    Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_    Occupation: \_\_\_\_\_

No. of siblings: \_\_\_\_\_    Ages: \_\_\_\_\_

### Personal information:

Spouse's Name \_\_\_\_\_    Occupation: \_\_\_\_\_

No. of children \_\_\_\_\_    Ages: \_\_\_\_\_

How do you expect to finance your education? \_\_\_\_\_

\_\_\_\_\_

Your gross income:

- 0                       1-10,000                       10,001-20,000                       20,001-30,000
- 30,001-40,000                       40,001-50,000                       50,001-60,000                       OVER 60,000

Your parents or spouse's gross income:

- 0                       1-25,000                       25,000-50,000                       50,000-75,000
- 75,000 -95,000                       OVER 95,000

Scholarships received for 2021- 2022 school year:

Amount:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_

Additional scholarships applied for 2021- 2022 school year:

- 1. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. \_\_\_\_\_ \$ \_\_\_\_\_
- 3. \_\_\_\_\_ \$ \_\_\_\_\_

Extra-curricular/ volunteer activities: (Include church, community, etc.):

- 1. \_\_\_\_\_ Office held \_\_\_\_\_
- 2. \_\_\_\_\_ \_\_\_\_\_
- 3. \_\_\_\_\_ \_\_\_\_\_

Work history:

Dates employed:

- 1. \_\_\_\_\_ / - / \_\_\_\_\_
- 2. \_\_\_\_\_ / - / \_\_\_\_\_
- 3. \_\_\_\_\_ / - / \_\_\_\_\_

RETURN TO:

Waverly Health Center Auxiliary Scholarship Program  
 Melinda Pitt  
 312 9th St. SW  
 Waverly, IA 50677  
 319-483-4076  
 mpitt@WaverlyHealthCenter.org