



2022 Medical and Health Care Scholarship Program

The Van Wert Health Medical and Health Care Scholarship Program was founded to support the growth and development of new talent across all sectors of the health care industry. This scholarship program will award \$1,000 to up to 5 selected applicants toward the expenses of tuition, books and fees of a health care-related major at a post-secondary institution. This is a renewable scholarship for \$1,000 per year, up to 4 years.

SCHOLARSHIP ELIGIBILITY

1. Applicant must be a high school senior graduating in 2022.
2. Applicant must be residing and/or graduating from a school in Allen, Mercer, Paulding, Putnam, or Van Wert Counties.
3. Applicant must be planning to attend an accredited two or four year post-secondary educational institution on a full-time basis by the end of 2022. The school of choice must have a program leading to a degree, diploma, or certificate in the student's chosen major.
4. Applicant's major must be human healthcare specific (majoring in a biological science is permissible).
5. Applicant must have a minimum 3.0 GPA in high school.
6. Applicant must demonstrate good character.

RENEWABLE SCHOLARSHIP ELIGIBILITY

1. Scholarship recipient is to remain a full time student in a health care-related field at an accredited two or four year post-secondary educational institution.
2. Scholarship recipient is to maintain a 2.75 GPA each quarter or semester.
3. Applicant must demonstrate good character.

APPLICATION INSTRUCTIONS

1. Applications must be submitted on or before April 4, 2022.
2. Additional documents required with the application:
 - a. High School transcript showing cumulative GPA
 - b. Essay
3. Send application to:
Van Wert Health
Attn: Ellen Rager, Community Relations
1250 South Washington Street
Van Wert, OH 45891

SELECTION PROCESS

All applications will be reviewed by the Van Wert Health Scholarship Program Committee. Scholarship recipients will be notified by mail by May 4, 2022.

STUDENT INFORMATION

Name:

Address:

Phone:

Email:

HIGH SCHOOL INFORMATION

List name of High School:

SECONDARY EDUCATION INFORMATION

State your secondary education goals upon completion of high school.

College:

Major:

SCHOOL ACTIVITIES

List all activities, clubs, or organizations you have participated in at school (Grades 9-12 only), such as athletics, service clubs academic clubs, etc.

COMMUNITY ACTIVITIES

List all activities, clubs or organizations you have participated in other than school (Grades 9-12 only), such as Church involvement, Boy Scouts, Girl Scouts, Red Cross, Junior Achievement, Charity Drives, etc.

REFERENCES

Please list the names of a teacher and a personal reference (not a relative). Be sure to advise reference you have listed them on this application.

Teacher

Name:

Address:

Phone:

Email:

Personal Reference

Name:

Address:

Phone:

Email:

PERSONAL ESSAY

We want to hear directly from YOU! Pick one of the prompts below **OR** choose an open-style essay to give us a feel for who you are and what makes you a great candidate for our scholarship.

- Why do you want to study or pursue this particular health care field?
- How are you unique?
- Explain something that has made a big impact in your life.