

2021 Medical and Health Care Scholarship Program

The Van Wert Health Biomedical 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 2021.
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 2021. 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 19, 2021.
2. Additional documents required with the application:
 - a. High School transcript showing cumulative GPA
 - b. Essay on the reason you have chosen a human healthcare career.
3. Send application to:
Van Wert Health
Attn: Ellen Rager, Community Relations
1250 South Washington Street
Van Wert, OH 45891

RENEWABLE SCHOLARSHIP INSTRUCTIONS

Instructions for renewing the scholarship will be included with the scholarship check and a copy of the renewable instructions will also be mailed to the recipient's home upon initial award.

SELECTION PROCESS

All applications will be reviewed by the Van Wert Health Scholarship Program Committee. Scholarship recipients will be notified by mail by May 10, 2021.

STUDENT INFORMATION

Name: _____

First

Middle

Last

Address: _____

Street

City

State

Telephone Number:

Email:

HIGH SCHOOL INFORMATION

List name and address 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. May use additional sheets if needed.

Activity, Club, or Organization	Year	Role

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.

Activity, Club, or Organization	Year	Role

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: _____
First Last

Address: _____
Street City State

Telephone Number: _____ Email: _____

Personal Reference

Name: _____
First Last

Address: _____
Street City State

Telephone Number: _____ Email: _____

PERSONAL ESSAY

Share with us about why you want to go into a career in the human health care industry.