



Audubon County Hospital Foundation Student Healthcare Scholarship Application

The Audubon County Hospital Foundation offers two scholarships in the amount of \$500 each for students pursuing a career in a healthcare related field.

Application Criteria/Guidelines:

- Must attend school within an Audubon County school district, including Audubon, Exira-EHK, or an independent education program.
- Must be accepted by an accredited school, college, or university.
- Must submit a completed application with two letters of recommendation by the deadline.
- This scholarship is not based on financial need.
- This scholarship will not disqualify the applicant from accepting any other scholarships.
- An interview may be requested. The ACH Foundation Director will contact applicants by email on April 9, 2027, **only** if an interview is requested by the Scholarship Committee.
- Award Announcement will be presented at Scholarship Awards Night.
- Applicants who have a parent/guardian on the Foundation's board or the Selection Committee for scholarships are not eligible for this scholarship.

Scholarship Disbursement:

- Scholarship funds must be used toward tuition, books, or housing at any accredited school, college, or university.
- Award recipients must email the Foundation Director a copy of proof of enrollment for the Spring 2028 semester before the Scholarship will be disbursed.
- Scholarship funds will be disbursed directly to the accredited school, college, university on behalf of the student.

Deadline for application is April 1, 2027.

Email complete application and supporting materials in a pdf format to:
foundation@acmhosp.org

or mail to:

ACH Foundation/Scholarship Committee

515 Pacific Avenue
Audubon, IA 50025



Audubon County Hospital Foundation Student Healthcare Scholarship Application

Personal Information

Name: _____

First

Middle

Last

Home Address: _____

Street

City

State

Zip Code

Email: (please use personal email not your school email address) _____

Phone number: (Used to contact student for disbursement request) _____

Name of Parent or Guardian: _____

Is your Parent or Guardian an employee of ACMH: _____

Educational Background

Name of Current High School: _____

High School Graduation Date: _____

High School Grade Point Average: _____

Class Rank: _____ out of _____ (Class size)

College/University attending Fall 2027: _____

Major: _____

Essay: In 150-200 words, tell us about yourself, what sparked your interest in healthcare, and your future career goals in the healthcare industry. _____

Other: In 100 words or less: Briefly explain any other information you would like us to consider such as: work experience, activities and leadership positions held, accomplishments, _____

community service activities *or* attach a high school activities resume:

Application Must include:

1. Completed Application form
2. Two written letters of recommendation (not by family members)
 - a. Recommendation letters can be submitted with application or emailed to foundation@acmhosp.org and will be placed with your application.

Applicant's Signature

Date

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For questions, please contact the ACH Foundation Director at 712-563-5311 or foundation@acmhosp.org.

It is the policy of Audubon County Hospital Foundation not to discriminate against any applicant for employment, or any employee because of age, color, sex, disability, national origin, race, religion, or veteran status.