

Franklin General Hospital Auxiliary

1720 Central Ave. East
Hampton, IA 50441

Please include a small
head and shoulders
picture of yourself with
your application.

SCHOLARSHIP

Franklin General Hospital Auxiliary of Hampton, Iowa, offers scholarships valued up to \$500 to encourage young people attending Franklin County schools to enter the professional field of nursing or a health-related occupation.

QUALIFICATIONS

1. The applicant must be a high school student in his/her senior year.
2. The applicant must be attending a high school in Franklin County (CAL, Hampton-Dumont, or West Fork)
3. The application must be accepted in a college and an accredited program for any health-related field.

PROCEDURE

1. The applicant shall request a Scholarship Application from his/her school guidance counselor or principal.
2. The application shall be completed and returned to the FGH Auxiliary Scholarship Committee Chairperson no later than **March 16**. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**
3. The application must be accompanied by
 - a. College letter of acceptance
 - b. Two letters of recommendation
 - c. High school transcript through first semester of senior year.
4. The applicant will be notified at the school awards program if he/she will receive a scholarship.
5. If entering a one year training program, the scholarship shall be paid to the school at the beginning of the second semester. If entering a two to four year program, the scholarship shall be paid at the beginning of the second year.
6. Upon completion of the first year, an official transcript including the school seal shall be sent to the scholarship chair.
7. If the recipient changes his/her major to a non-health-related field, no scholarship money will be awarded. Please contact the scholarship chair as soon as possible with this information.

Scholarship Committee Chairperson : Carol Snell

1707 Third St. NE
Hampton, IA 50441

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SCHOLARSHIP APPLICATION

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip code _____

Email address _____

Parent(s) or Guardian(s) Names(s) _____

Parent(s) or Guardian(s) Address _____

Telephone _____ Name of High School _____

Cumulative grade point and class rank _____ List extra-curricular activities

Honors received _____

References:

High School Instructor _____

Non-family member _____

List career choice and school selected _____

List your work experience _____

Signature of Applicant

Signature of Parent or Guardian

Date