



Mahaska Health 2025 \$1,000 Healthcare Promotion Scholarship

Qualifications

1. Applicants must be pursuing a healthcare related career.
2. Applicants must be a current graduating high school senior.
3. **Applicants must be a resident of Mahaska County** and must attend one of the following school districts: Eddyville-Blakesburg-Fremont; North Mahaska; Oskaloosa High School; Twin Cedars, Pella Christian and Pella High.
4. College scholarships for **TUITION** purposes **ONLY**, are available to current high school graduates attending an accredited school leading to a healthcare related career.
5. Financial need may be a consideration. Decision is not based entirely on need, however, if the choice is equal on two candidates, then such need will become a determining factor.
6. The Scholarship Committee will select suitable candidates, and the hospital Board of Trustees will approve the selections.

Application

1. **Applications must be received by March 31, 2025.**
2. Letters of recommendation must accompany application. These should be from the school (former teacher or administrator), business person, or employer (either former or present), and a person familiar with the applicant's character. These letters should not be from a relative.
3. Personal interviews may be requested for further clarification of applicant's application and character.
4. A transcript should accompany the application.
5. Applications are available at the schools listed above, online at www.mahaskahealth.org and Mahaska Health entrances #1 and #4.
6. Applications should be returned to Mahaska Health, Attn: Deb Ewing, Executive Administrator, 1229 C Avenue East, Oskaloosa, IA 52577.

Award

1. The student selected will be notified in writing following the Awards Ceremony.
Payment will then be made directly to the school that the student is attending for tuition purposes only for the following academic year (2025-2026) upon proof of registration.
2. A Mahaska Health Board of Trustee will award the scholarships at the school awards program. A photo may be taken of the recipient at the time of presentation, or at a later date, for publicity purposes.



Mahaska Health \$1,000 Healthcare Promotion Scholarship Application Form

Name: _____ **Age:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

County: _____

Telephone: _____

Email: _____

Name of High School Now Attending: _____ **Grade Point Average:** _____

Name of College Accepted By: _____

Health Occupation Career You Plan to Pursue: _____

Length of Course Applying For: _____ **Average Semester Cost:** _____

Have you received any financial aid this year or in past years? If yes, please state from whom and the amount.

Please write a brief statement of why you're seeking this scholarship; include future plans.

Discuss how Mahaska Health has benefited you and/or your family.

Please list any extracurricular activities and any jobs held.

Number of children in family and grade in school.

The above information is correct and accurately stated.

Signature

Date

For consideration, please include the following along with your application:

1. Letters of reference from:
 - a. School (former teacher or administrator)
 - b. Business person or past/present employer
 - c. A person familiar with your character -- NOT a relative.
2. A copy of your transcript.

Upon completion, return scholarship application and all necessary attachments by March 31st to:

*Mahaska Health
Attn: Deb Ewing, Executive Administrator
1229 C Avenue East
Oskaloosa, IA 52577*