COMMUNITY HOSPITAL-FAIRFAX AUXILIARY

Auxiliary Scholarships

P.O. BOX 107
FAIRFAX, MISSOURI 64446

Community Hospital-Fairfax- Fairfax Auxiliary Healthcare Education Scholarships

Community Hospital-Fairfax Auxiliary invites you to apply for the Healthcare Educational Scholarship Program. This Program provides assistance with your healthcare education at any approved educational institution in their medical program. The following information explains the guidelines of the healthcare education scholarship program and how to apply. If you have previously been awarded the scholarship, a current letter of recommendation will be necessary.

Who is Eligible?	Students currently accepted for admission to an approved educational institution in a healthcare program. Students may be newly accepted into the actual program or currently enrolled and taking classes for a higher degree or advanced training in a healthcare field.
	Criteria for selection will include: • Prior academic achievement and honors • Community service and other indications of service in healthcare • Possible interest in pursuing a career with Community Hospital-Fairfax • Two references, one educational and one personal (non-relative) • Current amount of Scholarship funds available through the Auxiliary and who are in most need of assistance amongst candidates.
Amount of Scholarship	**The amount of the Scholarship will be awarded based on the amount we have to offer and your financial needs**. These Scholarships may be renewed in subsequent years of your schooling if the selection committee feels you have met criteria and those in most need of the scholarships. The Auxiliary will establish the amount of scholarship monies available during any given year. Scholarship monies awarded will be sent directly to the educational institution's Financial Aid Office; or can be used for travel stipends secured by the hospital with a gift certificate from an area station; or used as childcare expenses sent directly to a child care facility.
How to Apply?	Applications are available at the Community Hospital-Fairfax or online at Community Hospital's Website (fairfaxmed.com). The completed application must be returned to Marilyn Alldredge, PO Box 45, Fairfax, MO 64446 or the Hospital Gift Shop by July 7, 2025. Late or incomplete Scholarship Applications will not be considered.

COMMUNITY HOSPITAL-FAIRFAX AUXILIARY
HOSPITAL AUXILIARY HEALTHCARE EDUCATION
SCHOLARSHIP APPLICATION
(Please type or write legibly)

NAME _____

HOME ADDRESS_____

EDUCATIONAL FACILITY (you plan to attend)_____

Address:_____

Student Number:_____

DATE OF APPLICATION _____ FALL SEMESTER START DATE _____

FIELD OF STUDY _____

YOUR ADDRESS (if different than Home Address while at School)_____

EMAIL_____

EXPECTED GRADUATION MONTH & YEAR_____

HOME TELEPHONE_____CELL PHONE_____

SCHOOL TELEPHONE (if different)_____

1. Please describe any healthcare related work experience you have had.

2. Describe your financial need regarding continuing your education. Please include any financial assistance you receive (i.e.: scholarships, loans, fee waivers, etc). Financial information will be kept confidential. Amount of educational loans:_____. Amount of scholarships =_____.

Is your ability to continue your education dependent upon this scholarship?

3. Describe your academic performance including your current GPA and number of earned college hours

(**Must attach your most current transcript**).

4. On a separate piece of paper discuss: a) Your career goals, and b) What you expect to contribute to your chosen healthcare field.

5. Please provide your work history, listing your most current employer first.

1) Employer May we contact them? ☐ Yes ☐ No	FROM Mo / Yr.	TO Mo / Yr	Duties Performed
Address	Starting Salary-Hourly	Ending Salary-Hourly	
Telephone Numbers	Work Status ☐ Full Time ☐ Part Time ☐ PRN/OC		
Job Title	Reason for Leaving		
Supervisor Name & Title	Eligible for Rehire ☐ Yes ☐ No Notice Given ☐ Yes ☐ No		

2) Employer May we contact them? ☐ Yes ☐ No	FROM Mo / Yr.	TO Mo / Yr	Duties Performed
Address	Starting Salary-Hourly	Ending Salary-Hourly	
Telephone Numbers	Work Status ☐ Full Time ☐ Part Time ☐ PRN/OC		
Job Title	Reason for Leaving		
Supervisor Name & Title	Eligible for Rehire ☐ Yes ☐ No Notice Given ☐ Yes ☐ No		
3) Employer	FROM	TO	Duties Performed

May we contact them? ☐ Yes ☐ No	Mo / Yr. Mo / Yr		
Address	Starting Salary-Hourly	Ending Salary-Hourly	
Telephone Numbers	Work Status ☐ Full Time ☐ Part Time ☐ PRN/OC		
Job Title	Reason for Leaving		
Supervisor Name & Title	Eligible for Rehire ☐ Yes ☐ No Notice Given ☐ Yes ☐ No		

6. Attach two letters of recommendation, one education related and one personal (non-relative). *If you have received the scholarship in the last year, new letters of recommendation are necessary.*

7. MUST attach a letter of acceptance into a healthcare educational program.

8. Would you be interested in returning to Community Hospital-Fairfax for an internship, rural rotation, work PRN during breaks or as a volunteer during your schooling?

9. Would you be interested in coming to work at Community Hospital-Fairfax after completion of your schooling?

10. Please list any volunteer or community service activities.

_____ _____

Signature Date

***Return application to Scholarship Chair:**
Marilyn Alldredge, PO Box 45, Fairfax, MO 64446 or Hospital Gift Shop
***ABSOLUTELY* no later than July 1.**