



Cass Regional Medical Center

RE: The Cass Regional Medical Center Auxiliary Scholarship Program

Dear Applicant:

Thank you for your interest in the Cass Regional Medical Center Auxiliary Scholarship. The Auxiliary awards one \$1,500 scholarship each year. **The deadline to submit this application is April 30, 2018.**

The Auxiliary Scholarship is available to any Cass Regional Medical Center employee who is pursuing continuing education in his or her field (a degree), or any Cass County high school senior or Cass County high school alumnus who has been accepted by or is enrolled in an accredited program leading to a career in health care.

Again, thank you for applying. If you have any questions, please feel free to contact me at (816) 887-0783 (in house at ext. 7830) or via email at dwalters@cassregional.org.

Sincerely,

Donna Walters
Customer Relations and Volunteer Coordinator



Cass Regional Medical Center Auxiliary Scholarship Program

NOTE: Applications must be postmarked by **April 30, 2018**. If additional space is needed, title each page with applicant's name. In addition to providing the information requested below, attach a statement detailing your financial need/career goals. Please list your name at the top of the statement. Please submit at least two letters of recommendation and your most recent school transcripts (be it nursing school, other college or high school). Email completed applications to Donna Walters at dwalters@cassregional.org or mail to Cass Regional Medical Center, Attn: Donna Walters, 2800 E. Rock Haven Rd., Harrisonville, MO, 64701. **Incomplete or late applications WILL NOT be considered.**

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

To be completed by current high school seniors only:

Name of High School: _____

Graduation Date: _____ GPA: _____ Class Ranking: _____
(Month/Day/Year)

To be completed by Cass County residents (who are not currently in high school) and/or past graduates of a Cass County high school:

Educational Background (please list high school and graduation date or GED completion date and any additional education received):

Name of college where accepted/enrolled: _____

Date accepted/enrolled: _____ Entrance Exam Score: _____
Please indicate name of exam, i.e., ACT, NET, TEAS, and score(s).

Anticipated graduation date: _____ Degree/licensure program: _____

The following information may be submitted as part of a resume.

Extracurricular Activities: (Include school and community as well as medical/health related activities)

Employment Experience:

Honors and Awards:

I hereby certify that all information contained herein is true and accurate. If I am selected to receive the Cass Regional Medical Center Auxiliary Scholarship, I hereby grant my permission for representatives or employees of Cass Regional Medical Center to take photographs and/or record images of me, and to use said photos, images and information I provide herein for any lawful business purpose, such as publicity, advertising, and web content.

Signature of Applicant

Date



Cass Regional Medical Center Auxiliary Scholarship Program

Letter of Recommendation

I recommend _____ for consideration of the scholarship and attest to the accuracy of the foregoing information.

Name (please print) _____

Title/Position: _____

COMMENTS: (Your appraisal of this candidate will be kept confidential and will be available only to those involved with selecting the recipient of the scholarship.)



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