



2019 Guidelines for all scholarships available through St. Anthony Regional Hospital

- Dick Blair Memorial Scholarship*
- Sarah Keat Danner Healthcare Scholarship*
- Susan D. Ludwig Nursing Scholarship*
- Sharon Staton Peters Memorial Scholarship*
- Elizabeth Riedmann Healthcare Scholarship*
- Helen M. Schmitz Memorial Scholarship*
- Margaret Seidl Healthcare Scholarship*
- Dick and Marsha Simons Healthcare Scholarship*
- Rick Simons Healthcare Scholarship*
- Sheryl M. Venner Stoolman Memorial Scholarship*
- Mary Thaler Yates Memorial Scholarship*
- Bob and Mary Lou Ware Memorial Scholarship*
- St. Anthony Auxiliary Scholarship*
- St. Anthony Foundation Healthcare Scholarship*

Annual Dates and Deadlines

January 15 Application forms sent to guidance counselors and advisors at the following locations:

- Ar-We-Va High School
- Audubon High School
- Carroll Community High School
- Coon Rapids-Bayard High School
- Denison High School
- East Sac County High School
- Glidden Ralston High School
- Greene County High School
- IKM-Manning High School
- Kuemper Catholic High School
- South Central Calhoun High School
- Des Moines Area Community College
- Western Iowa Tech Community College

**Applications will also be available in the St. Anthony Human Resources Office and the St. Anthony Foundation Office, located on 4th floor of the Surgery Center Building.

- March 29, 2019 Deadline for applications and supporting information to be returned to St. Anthony Foundation
- Before April 15 Scholarship committee meets and makes selection(s)
- Before April 30 Recipient(s) receive St. Anthony Foundation Board approval
- May 2019 Scholarship announcements – high school recipients will be announced at local high school award days
- Within 15 days of notification Scholarship recipient(s) send thank you letter to St. Anthony Foundation for forwarding to benefactors

Receiving Scholarship Funds

All scholarships will be paid after successful completion of the Fall semester and with proof of enrollment of the Spring semester. If you are selected to receive any scholarship, you must maintain a grade point average of 2.5.

Award winners must provide transcripts and verification of enrollment to receive scholarship payment to the St. Anthony Foundation, PO Box 628, Carroll, IA 51401. For more information, contact the Foundation office at (712) 794-5287 or email foundation@stanthonyhospital.org. Fax: (712) 792-3119.

2019 St. Anthony Scholarship(s) Application Form

Awarded to students pursuing a profession in a healthcare-related field.

Please consider my application for any one of the scholarship(s) listed below:

Dick Blair Memorial Scholarship, Sarah Keat Danner Healthcare Scholarship, Susan D. Ludwig Nursing Scholarship, Sharon Staton Peters Memorial Scholarship, Elizabeth Riedmann Healthcare Scholarship, Helen M. Schmitz Memorial Scholarship, Margaret Seidl Healthcare Scholarship, Dick and Marsha Simons Healthcare Scholarship, Rick Simons Healthcare Scholarship, Sheryl M. Venner Stoolman Memorial Scholarship, Mary Thaler Yates Memorial Scholarship, Bob and Mary Lou Ware Memorial Scholarship, St. Anthony Auxiliary Scholarship, and St. Anthony Foundation Healthcare Scholarship.

To submit this application via email, you will need to save it to your computer and attach it a message.

I. Personal Information

Name _____ Phone: H (_____) C (_____)

Address _____ Email: _____
Street/PO Box City State & Zip (please do not use school email)

Parents/Guardian/Spouse Contact Info: Phone (_____) Name: _____

II. Educational Background

High School: _____ H.S. Graduation Date: _____ H.S. Cumulative GPA: _____

College Attending: _____ Estimated College Graduation Date: _____

Primary/Secondary Areas of Study: _____

III. Work Experience

Are you presently working? Describe: Full-time, Part-time, Temporary or Not Employed _____

Do you intend to seek employment at St. Anthony Regional Hospital & Nursing Home? Yes No

Previous employment (last five years):

IV. Please list three references (not family members) who will send a written recommendation on your behalf:

1. _____
Name Town/City Occupation

2. _____
Name Town/City Occupation

3. _____
Name Town/City Occupation

V. This application must include:

1. Completed application form
2. A two (2) page essay which includes: a) the background you will bring to a healthcare career, b) what does present and future rural healthcare mean to you, c) why you believe you should receive this scholarship. Also, explain any other issues you believe we should consider such as: community service, educational accomplishments, leadership skills, financial needs, family issues, personal goals, commitment to working in the local area, etc.
3. Three letters of recommendation sent to the address below, usually written by the three references above.

Signature _____ Date _____



Return this application to:

St. Anthony Scholarship Committee

C/O St. Anthony Foundation, P.O. Box 628, Carroll, IA 51401

Application Deadline/Postmark Date: March 29, 2019

For questions regarding this application, call 712-794-5287 or email foundation@stanthonyhospital.org.