



2024 Guidelines for all scholarships available through St. Anthony Regional Hospital

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
Toohy Family Scholarship
Bob and Mary Lou Ware Memorial Scholarship
Mary Thaler Yates 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.

<u>April 1, 2024</u>	Deadline for applications and supporting letters to be returned to St. Anthony Foundation
<u>Before April 15</u>	Scholarship committee meets and makes selection(s)
<u>Before April 30</u>	Recipient(s) receive St. Anthony Foundation Board approval
<u>May 2024</u>	Scholarship announcements – high school recipients will be announced at local high school award days
<u>Within 15 days of Notification</u>	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 in the Spring semester with a minimum of 12 credit hours. 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.

2024 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 scholarships available through the St. Anthony Foundation.

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

I. Personal Information

Name _____ Phone: (____) _____ Alt. (____) _____

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

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

I have been notified that I will be receiving partial or full financial aid as a college student athlete (required) Yes No

II. Educational Background

Name of Current High School or College: _____

High School or College Graduation Date: _____ Current High School or College Cumulative GPA: _____

College Attending Fall 2024: _____ City: _____ 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

Current/Previous employment (Business, Town, Position, Supervisor):

1. _____

2. _____

3. _____

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

1. _____
Name City Occupation

2. _____
Name City Occupation

3. _____
Name City Occupation

V. This application must include:

1. Completed application form
2. An essay, no more than three (3) pages which includes: a) your career goals, b) where you will be in six months and where you think you'll be in five years or beyond, c) the background you bring to a healthcare career, d) who is a role model and why they have influenced you, e) your strengths and weaknesses, and f) your willingness to work in a rural community healthcare setting. Also, explain any other issues you believe we should consider such as: community service, educational accomplishments, financial needs, family issues, personal goals, commitment to working in the local area, hobbies and interests, etc.
3. Three letters of recommendation sent to the address below, usually written by the three references above. These can be sent via email to foundation@stanthonyhospital.org, or mailed to the address below and will be placed with your application when received.

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: April 1, 2024

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

