



## 2025 Health Careers Scholarship Program

### Guidelines

Daviness Community Hospital Foundation provides scholarship awards to aspiring health care professionals in an effort to support and encourage those individuals to return to our community to fulfill our communities' need for dedicated, trained health care providers in a hospital or clinic setting. Daviness Community Hospital Foundation makes scholarship awards through three scholarship programs.

#### General Guidelines

- Accepted to or attending an accredited educational institution of higher learning. Preference give to students who are already attending an institution of higher learning.
- Pursuing a degree in the field of health care, with the intention of pursuing that career in the Daviness Community Hospital service area. Eligible paths of study should prepare the student for a career that will contribute to the improvement of the health of those living in our community. \* This does not include the field of Dentistry. If you have questions whether your path of study qualifies, please call the DCH Foundation office at 812-254-8858 or email [asteiner@dchosp.org](mailto:asteiner@dchosp.org).
- Live in Daviness, Martin, or Pike County or is a dependent of a Daviness Community Hospital full or part-time employee, regardless of residence.
- Awardees are eligible to receive a scholarship award in up to two scholarship award cycles. They do not have to be consecutive.
- Full and part-time students are eligible.
- Scholarship funds may be used to cover tuition, books, room and board, uniforms, and other reasonable expenses. Funds are paid directly to the educational institution.
- All applications and/or attachments must be typed and double-spaced.
- Applications that do not supply all requested information and/or attachments and do not meet scholarship guidelines and/or deadlines will not be considered.

Daviness Community Hospital Foundation makes scholarship awards through three scholarship programs. Only one application is required to be eligible for any of these scholarship programs.

- The Health Careers Scholarship Program: Up to \$1,500 may be awarded for each scholarship recipient selected.
- The Helen Arthur Memorial Scholarship Award: A \$750 scholarship award for a student pursuing a nursing degree.

- *The DCH Auxiliary Scholarship Award: A \$1,000 scholarship award for a student pursuing a career in healthcare and a desire to practice in Daviess County and the surrounding area.*



## 2025 Health Careers Scholarship Application

**Instructions:** All applications and attachments must be typed and double-spaced to be considered. The completed application and all attachments may be emailed to the DCH Foundation Office at [asteiner@dchosp.org](mailto:asteiner@dchosp.org) or printed copies with attachments may be mailed to the DCH Foundation Office at P. O. Box 760, Washington, IN 47501. Emailed applications are preferred. Application deadline is Midnight on **Monday, March 17, 2025**. The application must be postmarked or received in the DCH Foundation Office on or before this date to be considered for an award. A confirmation email will be sent upon receipt of the completed application packet. **If you do not receive a confirmation email within one week of your submission, please contact Angie Steiner at [asteiner@dchosp.org](mailto:asteiner@dchosp.org). If you have questions about the application process, please call 812.254.8858.**

**To enter information in text boxes, click View, then Edit Document.**

### PERSONAL INFORMATION:

**Name:**

**Address:**

**City:**

enter text.

**State:** IN

**Zip:** Click here to

**County of Residence:**

**DCH Employee Dependent:**

**Phone:**

**Email:** Click here to enter text.

**Name of Parent/s or Guardian:**

Click here to enter text.

**Address (if different from above):** Click here to enter text.

**City:** Click here to enter text.

**State:** Click here to enter text.

**Zip:** Click here to enter text.

### EDUCATION:

**High School:**

text.

**Graduation/GED Date:** Click here to enter

**Name of Educational Institution (attending or planning to attend):**

**Address:** Click here to enter text.

**City:** Click here to enter text. **State:** Click here to enter text. **Zip:** Click here to enter text.

**Entering Undergraduate Class of:** Click here to enter text. **Graduate Class:** Click here to enter text.

**Major:** Click here to enter text. **Degree Sought:** Click here to enter text.

**Brief Summary of Career Plans:**

Click here to enter text.

**EMPLOYMENT HISTORY:** Are you currently employed?  Yes  No

If yes, where are you currently employed? Click here to enter text.

Average # of hours worked per week: Click here to enter text.

Previous Employers:

Click here to enter text.

**PLEASE LIST AN ESTIMATION OF EDUCATIONAL EXPENSES:  
(Tuition, Room/Board, Books, Uniforms, Other Expenses)**

Click here to enter text.

**Total Amount of all listed educational expenses:** Click here to enter text.

**PLEASE LIST SOURCES, TYPES AND AMOUNTS OF OTHER FINANCIAL ASSISTANCE:**

Click here to enter text.

**Total Amount of Other Financial Assistance:** Click here to enter text.

**OTHER REQUESTED INFORMATION:**

**Please give a summary of your Extra-curricular and/or Sport Activities from high school and college:**

Submitted as a separate attachment.

Click here to enter text.

**Please summarize your Volunteer/Community Activities from high school and college:**

Submitted as a separate attachment.

[Click here to enter text.](#)

**Please list any Honors and/or Awards received from high school and college:**

Submitted as a separate attachment.

[Click here to enter text.](#)

**Please share what you feel is the greatest issue affecting your field of study and how will you work to address this issue in your future career?**

Submitted as a separate attachment.

[Click here to enter text.](#)

**Please provide a brief typed essay describing how you were influenced to choose health care as a profession and how you plan to contribute to your local community once achieving your goal. (500 words maximum)**

Submitted as a separate attachment.

[Click here to enter text.](#)

**REQUIRED:**

**Transcript:** A COMPLETE high school transcript is required for high school graduates and applicants that have completed less than 2 semesters of higher education. All applicants currently enrolled or who have previously attended an institution of higher education, submit your most recent college transcript, including freshmen.

Attached as a separate .pdf file     Submitted as a separate attachment.

**ADDITIONAL:**

Limited scholarship recipients' information and picture may be released to area media outlets and may be used in Daviess Community Hospital and Daviess Community Hospital Foundation promotional literature. Your acceptance of your scholarship award is your consent for DCH and DCH Foundation to use this material.

[Click here to enter text.](#)

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Applicant's Signature (Electronic Signature Accepted):

[Click here to enter text.](#)

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Date: