

Witham Health Service's Volunteer Organization Criteria & Outline to Apply for a Human Health Career Scholarship

The Witham Health Service's Volunteer Organization will award a \$1,000.00 scholarship payment in two (2) payouts to three eligible Boone County High School Seniors who best meet the requirements outlined below. The first payment is issued in August and the second payment issued in December, (as long as the scholarship recipient remains in a healthcare program and continues to meet program guidelines).

Eligibility Requirements:

- Student is attending a Boone County Indiana High School.
- Student is pursuing a continuing education or degree program in a human healthcare field.
- Student plans to enter a career in health care.
- Student is a resident of Boone County, Indiana.

Required information:

- Completed Application.
- School transcript (containing courses, grades, credits, grade point average and attendance record).
- A brief written or typed statement detailing student's career goals, expectations and why you are pursuing a career in healthcare.
- Information concerning student's special interests, honors, awards, extracurricular and community activities, offices held and any jobs during high school.
- Letters of recommendation.

All required information and requested documents must be returned to the student's high school guidance counselor by **Noon on Friday, March 7, 2025**. The Guidance Office will then forward the information and paperwork to Amy Mitchell via email the same day.

The Witham Health Service's Volunteer Organization Scholarship Committee will review all applications and information received and select three Boone County Seniors that best meet the criteria to be awarded a \$1,000.00 scholarship. Applicants being awarded a scholarship will be notified at their High School Honors Night.

NOTE: Students must contact the Director of Volunteers by email to request the 2nd half award payment by December 1st. Students failing to do so will forfeit the 2nd half payment.

Students should direct questions to their guidance counselor's office. For additional information, please contact Amy Mitchell, Director of Volunteer Services at: amitchell@witham.org.

The Witham Health Services Volunteer Organization's Scholarships were created for any outstanding Boone County High School graduating senior pursuing a degree in a healthcare field. This \$1,000.00 medical scholarship is provided annually by the Volunteer Organization. The purpose is to provide support and encouragement to the recipient as they enter their secondary education. The Witham Health Services Volunteer Organization is proud to support the students of Boone County with these scholarships.

**Thank you for your interest in applying for the
Witham Health Services Volunteer Organization scholarship!**



Witham Health Service's Volunteer Organization Application for Human Health Career Scholarship

Name of Applicant: _____
(First) (Middle Initial) (Last)

Address: _____
(City) (State) (ZIP)

Cell Phone: _____ Other Phone: _____
(Area Code) (Area Code)

Email Address: _____

High School Attending: _____ Graduation Date: _____

College(s) Applied to: _____

Have you been accepted?: Yes _____ No _____

Course of studies intended: _____

Are your parents or guardians residents of Boone County, Indiana? Yes _____ No _____

Do you live with your parents? Yes _____ No _____

If no, please explain: _____

Father's Name: _____ Mother's Name: _____

Employer: _____ Employer: _____

Phone #: _____ Phone #: _____
(Area Code) (Area Code)

If you live with a guardian, please provide the following information:

Name of Guardian(s): _____ Guardian Phone #: _____
(Area Code)

Relationship to Guardian: _____

Address: _____
(City) (State) (ZIP)

Guardian Employer: _____

Do you have any siblings? Yes _____ No _____ How many? _____ Ages? _____

1. Have you applied for other scholarships? Yes _____ No _____ If yes, please list all organizations to which you have applied: _____

2. Do you have a need for financial assistance? Yes _____ No _____

3. Do your future plans include the idea of employment at Witham? Yes _____ No _____ Unsure _____

I certify that to the best of my knowledge, I have completed this application accurately and fully.

Signature: _____ Printed Name: _____

Date: _____

Scholarship Application Packets Are Due to the School Counselor's Office by Friday March 7, 2025