



Name: _____ Date: _____

Address: _____ Phone: _____

High School: _____

Parents' names: _____

Please list any involvement / affiliation with Jones Regional Medical Center:

Class rank: _____ GPA: _____

School activities: _____

Community activities: _____

Special awards or honors you have received: _____

Discuss your future plans to pursue a healthcare education and career and why you deserve this scholarship (200 words or less): _____

Please return your completed scholarship application, along with a letter of recommendation from a teacher or school counselor, to:

Jones Regional Medical Center Foundation 1795 Hwy 64 E Anamosa, IA 52205

Deadline is Friday, March 31, 2023. Thank you.