



Spencer Hospital

Healthier Together.

1200 First Avenue East
Spencer, Iowa 51301
(712) 264-8300

SpencerHospital.org

PURPOSE

This scholarship fund was established:

- to assist persons living in the Spencer area to pursue education and training to become a certified EMS provider (EMT through Paramedic).
- to be a resource to filling positions at Spencer Hospital.

AMOUNTS TO BE AWARDED

A trust fund has been established by Adam Anderson's parents, Duane R. Anderson and Marcia Anderson Taylor, to assist people interested in becoming paramedics in order to serve their community. A maximum of \$500 will be awarded annually, as funds allow. Depending on the number of applicants and the costs associated with their intended course of study, the annual scholarship fund may be awarded as a lump sum to one applicant, or can be divided among two or more applicants.

Preference will be given to first-time recipients. An individual may reapply in succeeding years, whether or not an earlier application was approved or disapproved.

DISBURSEMENT OF FUNDS

Recipients will be notified of their award in mid-April. Funds approved will be issued, payable to the educational institution and the applicant to assure the committee that the funds are spent on educational expenses and that the student received credit from the school for said amount.

APPLICATION PROCESS AND ELIGIBILITY

To be considered for a scholarship, the Director of Human Resource Development at Spencer Hospital must receive a completed application by March 31st of each year.

In addition to the application form, these documents must be submitted to complete the application process:

- **A letter or some form of documented evidence** of acceptance or pending acceptance as a student of an approved health-care program.
- **Two letters of reference** - not relatives, fellow students or casual acquaintances.

ADAM ANDERSON SCHOLARSHIP APPLICATION

All spaces must have an entry.

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____ TELEPHONE _____

PARENT/GUARDIAN _____ TELEPHONE _____

ADDRESS _____

CITY, STATE, ZIP _____

OCCUPATION _____

SCHOOL PLANNING TO ATTEND _____

CITY, STATE _____

I am currently enrolled in _____ (Course of study)

Estimated date of graduation _____

How do you plan to finance this education? _____

List any other scholarships or loans you have applied for or will be receiving

Cost of this course of study _____

Previous Adam Anderson Scholarship recipient: yes _____ no _____

Pursuing certification as a paramedic: yes _____ no _____

Spencer Hospital Employee: yes _____ no _____

Family Member of a Spencer Hospital Employee: yes _____ no _____

(Continued on next page)

Narrative explaining each of the following items listed below:

Career goals:

Financial need:

School or work experience that influenced you to enter your chosen health-care field:

Volunteer activities:

Likelihood of returning to the local area for employment:

(Continued on next page)

ADDITIONAL DOCUMENTS TO BE INCLUDED WITH THIS APPLICATION FORM:

1. **Letters of reference** from two (2) persons (not relatives, parents, or personal friends). Suggestions would be a teacher, minister, employer or counselor. List names of references & include letters in your application packet:

2. **A letter or some form of documented evidence of acceptance or pending acceptance to an approved health-care program.**

Signature _____ Date _____

Printed name _____

Please return this form to:

Spencer Hospital
Director of Human Resource Development
1200 First Avenue E, Spencer, IA 51301.

Please indicate 'ADAM J. ANDERSON SCHOLARSHIP' on outside of envelope.

Date Application Received: _____ (to be completed by office personnel)