



Spencer Hospital

Healthier Together.

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

SpencerHospital.org

Bennie B and Ernestine F. Shine Scholarship

Ben Shine was a long-time trustee of the Spencer Hospital Board. His wife, Ernestine Shine, was active in the hospital auxiliary and served as president of that organization. The Shines recognized the importance of quality health care for their community and were actively involved in maintaining a quality and progressive hospital. One effort toward achieving this goal was the establishment of the Shine Scholarship.

PURPOSE

This scholarship fund was established:

- to assist persons living in the Spencer area to pursue education in a health related field. Individuals who are in their second semester of post-secondary or more and studying to be a nurse, radiology technologist, paramedic, pharmacist, respiratory therapist, social worker, athletic trainer, dietician, physical, occupational or speech therapist, or lab tech may be considered to receive funding from this scholarship. This program is not intended to fund education for physicians, dentists, physician assistants, or veterinarians.
- to be a resource to filling positions at Spencer Hospital.

AMOUNTS TO BE AWARDED

It is expected that the amount awarded annually to any one applicant will not exceed \$2,500.00. Available funding is based on the interest level of the program.

Preference will be given to first-time recipients, and to students enrolled in a medical related program (vs a pre-program). 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.

The applicant must have successfully completed the first semester of a post-secondary educational program.

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

- **Evidence of satisfactory academic standing** - a transcript of school records, including GPA, ACT or SAT scores, or graduate level entrance exam scores.
- **A letter or some form of documented evidence of acceptance or pending acceptance as a student (at least 6 hours of study) of an approved health-care program.** (This is not necessary if in a pre- or preparatory program.)
- **Three letters of reference** - not relatives, fellow students or casual acquaintances.

BENNIE B. AND ERNESTINE F. SHINE 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 as a:

_____ freshman _____ sophomore _____ junior _____ senior _____ graduate level student

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 _____

Estimate the cost of tuition for this year _____

Previous Shine Scholarship recipient: yes _____ no _____

Pursuing a career in nursing: yes _____ no _____

Spencer Hospital Employee: yes _____ no _____

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

Enrolled in a pre-healthcare related program: yes _____ no _____

GPA: _____ 4.0 to 3.5 _____ 3.4 to 3.0 _____ 2.9 to 2.5

(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 three (3) 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 transcript of school records**, including GPA, SAT or ACT scores or graduate level entrance exam scores.

3. **A letter or some form of documented evidence of acceptance or pending acceptance to an approved health-care program.** (This is not necessary for preparatory programs)

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 'SHINE SCHOLARSHIP' on outside of envelope.

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