

**Buchanan County Hospital Auxiliary Scholarship
Non-Traditional Student Application**

Name _____ Date of application _____

Address _____ County _____

Phone number _____

Last school attended _____

Record of Employment

Organization or company _____ Address _____

Organization or company _____ Address _____

College or vocational school you attend or plan to attend _____

_____ Location _____

Expected date of completion _____

Field of study _____

If you have participated in the Junior Volunteer Program, estimated number of hours volunteered

Along with this application, include the following:

- Your most recent transcript
- Descriptive paper that allows us to know you. Include ways you have been involved in your community and reasons why you should be considered for this scholarship. Be specific.
- Letter of reference. Letter should include evidence of the following: a relationship with the applicant, knowledge of academic achievement or professional success.

Please submit the above to

Peggy Magner
417 5th St. NW
Independence, IA 50644

Submission Deadline: April 1