



1213 Garfield Ave  
Harlan, IA 51537  
712.755.5161

[www.myrtuemedical.org](http://www.myrtuemedical.org)

November 2023

To Whom It May Concern:

The Myrtue Medical Center Auxiliary would like to announce they are again awarding the **Donafae Hibray scholarship** this year [in addition to the five Auxiliary scholarships usually awarded] to area students who are pursuing a career in healthcare.

This scholarship was made possible by a donation from the family of Donafae Hibray who was a long-time member of the Auxiliary. This scholarship will be in the amount of \$800 and will be awarded to those pursuing a degree in any healthcare career. All other stipulations are the same as for the other five scholarships the Auxiliary has given in the past.

Please find enclosed with this letter an application for the MMC Auxiliary/Donafae Hibray Memorial Scholarship along with rules for applying. All applications are due by April 1, 2024 and should be mailed to Bonnie Fiscus, 1701 Street F-32, Kirkman, IA 51447.

Sincerely,

Bonnie Fiscus, Scholarship Committee  
Myrtue Medical Center Auxiliary

**PETERSEN  
FAMILY  
WELLNESS  
CENTER AND  
LEWIS FAMILY  
AQUATIC  
COMPLEX**  
1213 Chatburn Ave  
Suite 101  
Harlan, IA 51537  
712.755.4344

**MYRTUE  
MEDICAL  
REHABILITATION  
SERVICES**  
1213 Chatburn Ave  
Suite 102  
Harlan, IA 51537  
712.755.4342

**CLINIC  
LOCATIONS**

**HARLAN**  
1220 Chatburn Ave  
Harlan, IA 51537  
712.755.5130

**SHELBY**  
301 East St  
Shelby, IA 51570  
712.544.2511

**AVOCA**  
510 North Elm  
Avoca, IA 51521  
712.343.6455

**GE LARSON  
ELK HORN-  
KIMBALLTON**  
4022 North Main  
Elk Horn, IA 51531  
712.764.4642

**EARLING**  
100 Industrial Drive  
Earling, IA 51530  
712.747.5700

**BEHAVIORAL  
HEALTH**  
1303 Garfield Ave  
Harlan, IA 51537  
712.755.5056



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Each year the Myrtue Medical Center Auxiliary provides funding for scholarships to students majoring in a health care field of study. The guidelines for awarding these scholarships are as follows:

- a. Applicant will be a resident of the area served by Myrtue Medical Center.
- b. Applicant will have a cumulative grade point average of at least 2.50 in high school and be accepted at the school for which the tuition is being given.
- c. Applicant will be between the ages of 17 and 55.
- d. Applicant will submit a completed application prior to April 1, 2024.
- e. The possibility of the recipient working in the health care field within the area served by the hospital and questions answered on the application will be taken into consideration by the committee in making its choice.
- f. Scholarship money will be given at the beginning of the second semester of the school year. It is the student's responsibility to notify the Myrtue Medical Center Auxiliary Scholarship Chairman if he/she does not plan to attend college the second semester. If the original recipient does not continue with his/her education the second semester, scholarship monies will be awarded to the alternate student.
- g. Checks will be made in co-payment to the student and the college. Checks will be mailed to the student at the address provided, and be endorsed by both the student and the college.

Mail the completed application to the committee prior to APRIL 1, 2024. Thank you for your kind attention.

Sincerely,

Bonnie Fiscus, Chairman  
Scholarship Committee  
Myrtue Medical Center Auxiliary

**PLEASE MAIL APPLICATIONS TO:**

Bonnie Fiscus  
1701 Street F-32  
Kirkman, Iowa 51447

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**DONAFAB HIBRAY SCHOLARSHIP APPLICATION**

DATE \_\_\_\_\_ TELEPHONE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

HIGH SCHOOL GRADUATED FROM \_\_\_\_\_

ADDRESS \_\_\_\_\_ GRADE POINT AVERAGE \_\_\_\_\_

COLLEGE/S ATTENDED \_\_\_\_\_

ADDRESS \_\_\_\_\_ GRADE POINT AVERAGE \_\_\_\_\_

NAME OF PARENT(S) OR GUARDIAN(S) \_\_\_\_\_

What school do you plan to attend? \_\_\_\_\_

Have you been accepted?  Yes  No

In what area of healthcare are you interested? \_\_\_\_\_

What applications have you made for other scholarships or grants? Please specify type and amount and when you expect to receive notification. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have notification that you will receive any other scholarships or grants, please specify what has been approved, and what is the amount. \_\_\_\_\_

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**\*\*\*\*On a separate sheet of paper, state in 150 to 250 words (preferably typewritten) your personal achievement goals. State what you consider to be your strong character points, and your weak points.\*\*\*\***

List clubs, organizations, activities (offices held) and any honors received while in high school:

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List any community activities you have been involved in and any positions of leadership:

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Please include one character reference letter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE MAIL APPLICATION  
PRIOR TO APRIL 1 TO:**

Bonnie Fiscus  
1701 Street F-32  
Kirkman, Iowa 51447