



1213 Garfield Ave
Harlan, IA 51537
712.755.5161

www.myrtuemedical.org

**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

November 2024

To Whom It May Concern:

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, 2025.
- 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.

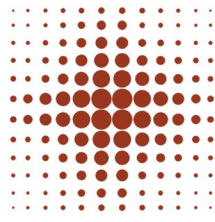
Mail the completed application to the committee prior to APRIL 1, 2025. Thank you for your kind attention.

Sincerely,

Scholarship Committee
Myrtue Medical Center Auxiliary

PLEASE MAIL APPLICATIONS TO:

Myrtue Medical Center
Attn: Ruth Pitkin
1213 Garfield Avenue
Harlan, IA 51537



MYRTUE Medical Center

AUXILIARY 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. _____

******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:

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

Please include one character reference letter.

Signature

Date

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

Myrtue Medical Center
Attn: Ruth Pitkin
1213 Garfield Avenue
Harlan, IA 5153