



1213 Garfield Ave
Harlan, IA 51537
712.755.5161

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
1110 Morningview Drive
Harlan, IA 51537
712.755.5056

November 2022

To Whom It May Concern:

In the past, Myrtue Medical Center Auxiliary has provided scholarships for students in the area pursuing a healthcare career. This year we are pleased to announce the Auxiliary Board voted to award five \$800 scholarships.

Thank you for assisting us in getting this information out to the students.

Sincerely,

Bonnie Fiscus, Scholarship Committee
Myrtue Medical Center Auxiliary



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To Whom It May Concern:

Each year the Myrtue Medical Center Auxiliary provides funding for scholarships in the health care field. The rules for awarding these scholarships are set up in our bylaws and read as follows:

- a. Student must be a resident of the area served by Myrtue Medical Center.
- b. Student must have at least a "C" average in the admission test and be accepted as a student in the school for which the tuition is being given.
- c. Student must be between the ages of 17 and 55.
- d. Student must make application as directed by the scholarship committee.
- e. The possibility of the recipient working in the health care field within the area served by the hospital and the committee's feeling based on questionnaires as to the applicant's fitness for such a position may 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 must be endorsed by both the student and the college.

The completed application must be mailed to the committee prior to APRIL 1, 2023.
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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AUXILIARY SCHOLARSHIP APPLICATION

DATE_____ TELEPHONE_____ DATE OF BIRTH_____

NAME_____ SOCIAL SECURITY #_____

ADDRESS_____

CITY, STATE, ZIP_____

HIGH SCHOOL GRADUATED FROM_____

ADDRESS_____ GRADE AVERAGE_____

COLLEGE ATTENDED_____

ADDRESS_____ GRADE AVERAGE_____

NAME OF PARENT(S) OR GUARDIAN(S)_____

ADDRESS_____

CITY, STATE, ZIP_____

What school do you plan to attend?_____

ADDRESS_____

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._____

Auxiliary Scholarship Application
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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 by April 1 to:
Bonnie Fiscus
1701 Street F-32
Kirkman, IA 51447