

CMH / Schwartz Memorial Scholarship Application Form

Due Date: July 31

Send to:

CMH Schwartz Scholarship Committee
Attn: Friends of CMH
P.O. Box 148
Sumner, IA 50674

Application Form:

- *Please complete the application in full. Incomplete applications will be disqualified.*
- *False statements made upon the application will also disqualify you from consideration.*
- *All information submitted with the application will be kept confidential.*

Name (First, Middle Initial, Last): _____

Address (Street, City, State, Zip Code): _____

Phone: _____

Email: _____

Accepted into an accredited school of nursing? Check: Yes No

List name of School of Nursing and enclose copy of verification of acceptance from the school:

Submit your resume and answer these questions:

- List the names and address of each school you attended beginning with high school.
- List your extra-curricular activities in school, church and/or community.
- List any awards or recognition you have received in school, church and/or community.
- If you have work experience in the healthcare field, please list the name, address, and phone number of each employer, beginning with the most recent.
- If you have had other paid employment (including summer jobs) please list the name, address, and phone number of each employer, beginning with the most recent.

Include the following with your submission:

- Copy of your transcripts (including course taken and GPA) for each high school and college you have attended.
- Statement of why you want to be a registered nurse.

Questions? Contact Jenny Gade at (563) 578-2125 or Jennifer.Gade@unitypoint.org.