



Trinity Muscatine Friends
1518 Mulberry Avenue
Muscatine, IA 52761-3433

December 14, 2020

Wapello High School
Attn: Rena Philp
Counseling/Guidance Office
501 Buchanan Avenue
Wapello, IA 52653

My name is Cindy Hank and I am a member of Trinity Muscatine Friends. Each year we offer two different \$1,000.00 scholarships for graduating seniors.

- One is for seniors who have a family member who works for UnityPoint Health – Trinity Muscatine or a UnityPoint Health-affiliated entity providing services in the Muscatine and/or Wilton communities. Please read the enclosed scholarship application for more details.
- The second is for seniors who have a family member who is a volunteer with Trinity Muscatine Friends. They must also reside within the UnityPoint Health – Trinity Muscatine service area. Please read the enclosed scholarship application for more details.

We would appreciate you making each of these scholarship applications available to your students. And feel free to contact me with any questions you or the students might have.

Cindy Hank
Scholarship Chairman
Trinity Muscatine Friends
1518 Mulberry Avenue
Muscatine, IA 52761
cjhank@hotmail.com

UnityPoint Health-Trinity Muscatine Employee Dependents

\$1,000.00 Scholarship Application

The UnityPoint Health-Trinity Muscatine Employee Dependent Scholarship is open to all high school seniors who are children, or dependents or stepchildren of permanent, full time or part time employees of UnityPoint Health-Trinity Muscatine or a UnityPoint Health-affiliated entity providing services in the Muscatine and/or Wilton communities. The scholarship is open to all fields of study. If necessary, interviews of the finalists will be arranged at the convenience of the scholarship committee and the finalists. If a scholarship is awarded, a check will be paid directly to your educational institution and will apply only to the second semester expenses of your first year.

Please answer the following questions on a separate sheet of paper. Do not include copies of other application forms.

1. List any honor or accelerated classes you have taken and any academic honors you have received.
2. List your leadership roles, extra-curricular and/or volunteer activities, or awards you have received from your school or community. Include the length of time for each.
3. Please list the name and relationship of your family member who is an employee of UPH-Trinity Muscatine or a UPH-affiliated entity providing services in the Muscatine and/or Wilton communities.
4. List your work experiences, either paid or unpaid, since your freshman year of high school.
5. Name and address of the educational institution you are planning to attend and your major field of study.
6. Please explain in one or two paragraphs your career goals and why you feel you qualify for a scholarship. Include any factors not mentioned on the application you would like considered by the selection committee.
7. Please explain any unusual expenses or circumstances you have or you anticipate for the upcoming year.

APPLICATIONS MUST BE POSTMARKED NO LATER THAN MARCH 31, 2021 AND RETURNED TO:

Trinity Muscatine Friends
Scholarship Chairman
1518 Mulberry Avenue
Muscatine, IA 52761

NO LATE OR INCOMPLETE APPLICATIONS WILL BE ACCEPTED

Include with your application:

- Copy of your acceptance letter from the educational institution you will be attending
- Copy of your official high school transcript and ACT score
- Two signed letters of reference (one from a teacher or counselor and one personal reference letter from someone other than a family member)

UnityPoint Health-Trinity Muscatine Employee Dependents

\$1,000.00 Scholarship Application

Name: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Parents/Guardian Name: _____

Home Address (if different than above): _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Name of UnityPoint Health-Trinity Muscatine Employee:

Relationship to Employee: _____

Contact cjhank@hotmail.com with any questions

Trinity Muscatine Friends Volunteer Family Members

\$1,000.00 Scholarship Application

This scholarship is being offered to children or dependents, stepchildren, grandchildren, and step-grandchildren of Trinity Muscatine Friends Volunteers. The applicant must be a graduating high school senior residing within the UnityPoint Health - Trinity Muscatine Service Area which includes: Atalissa, Columbus Junction, Fruitland, Grandview, Illinois City, Letts, Moscow, Muscatine, New Boston, Nichols, Stockton, Wapello, West Liberty, and Wilton. This scholarship is open to all fields of study. If necessary, interviews of the finalists will be arranged at the convenience of the scholarship committee and the finalists. If a scholarship is awarded, a check will be paid directly to your educational institution and will apply only to the second semester expenses of your first year.

Please answer the following questions on a separate sheet of paper. Do not include copies of other application forms.

1. List any honor or accelerated classes you have taken and any academic honors you have received.
2. List your leadership roles, extra-curricular and/or volunteer activities, or awards you have received from your school or community. Include the length of time for each.
3. Please list the name and relationship of your family member who is a Trinity Muscatine Friends Volunteer.
4. List your work experiences, either paid or unpaid, since your freshman year of high school.
5. Name and address of the educational institution you are planning to attend and your major field of study.
6. Please explain in one or two paragraphs your career goals and why you feel you qualify for a scholarship. Include any factors not mentioned on the application you would like considered by the selection committee.
7. Please explain any unusual expenses or circumstances you have or you anticipate for the upcoming year.

APPLICATIONS MUST BE POSTMARKED NO LATER THAN MARCH 31, 2021 AND RETURNED TO:

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NO LATE OR INCOMPLETE APPLICATIONS WILL BE ACCEPTED

Include with your application:

- Copy of your acceptance letter from the educational institution you will be attending
- Copy of your official high school transcript and ACT score
- Two signed letters of reference (one from a teacher or counselor and one personal reference letter from someone other than a family member)

Trinity Muscatine Friends Volunteer Family Members

\$1,000.00 Scholarship Application

Name: _____ Age: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Parents/Guardian Name: _____

Home Address (if different than above): _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Name of Trinity Muscatine Friends Volunteer:

Relationship to Volunteer: _____

Contact cjhank@hotmail.com with any questions