

January , 2019

Wapello High School
Guidance Dept.
501 Buchanan Ave.
Wapello, Iowa 52653

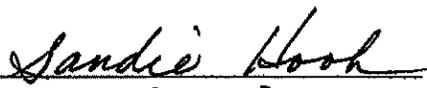
We enclose application forms offering \$1,000 scholarships for students whose families are served by Trinity Muscatine Healthcare.

There are two types of scholarships available:

- One is for high school seniors graduating in 2019 who are dependents of Trinity Muscatine employees.
- The second is for high school seniors who are family members of Trinity Muscatine Friends volunteers.

We appreciate your help in making these available to the students.

Sincerely,


Sandie Hosh
563-260-7104
Scholarship Chairman

\$1,000.00 SCHOLARSHIP APPLICATION

FOR TRINITY MUSCATINE EMPLOYEE DEPENDENTS

The Trinity Muscatine Employee Dependent Scholarship is open to all high school seniors who are children or dependents of full time, permanent, part time or contract employees of Trinity Muscatine. 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 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 school 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 volunteer activities in the community or school including any leadership roles you held for each activity.
3. List extra curricular programs you participated in, leadership roles or offices you held, or awards you received, include the number or years for each.
4. Please list the name and relationship of you family member who is a Unity employee.
5. List your work experiences, either paid or unpaid, since your freshman year in high school.
6. Name and address of the educational institution you are planning to attend and your major field of study.
7. Please explain in one or two paragraphs your career goals and why you feel you qualify for a scholarship. Include any factors not mention on the application you would like considered by the selection committee.
8. Please explain any unusual expenses/circumstances you have or you anticipate for the upcoming year.

ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN APRIL 15, 2019 and RETURNED TO:

TRINITY MUSCATINE FRIENDS
SCHOLARSHIP CHAIRMAN
1518 MULBERRY AVENUE
MUSCATINE, IOWA 52761

NO LATE OR INCOMPLETE APPLICATION WILL BE ACCEPTED

Include with your application:

- a. Copy of you acceptance letter from the education institution you will be attending
- b. Copy of your high school transcript and ACT score
- c. Two signed letter of reference (one from a teacher or counselor) and a person reference (other than family members)

31,000.00 MEMBERSHIP APPLICATION
FOR TRINITY MUSCATAINE EMPLOYEE DEPENDENTS

NAME: _____ AGE: _____

HOME ADDRESS: _____ PHONE: _____

PARENTS/GUARDIAN: _____

ADDRESS (if different): _____

NAME OF TRINITY MUSCATAINE EMPLOYEE: _____

**\$1000.00 Scholarship Application
For Trinity Muscatine Friends
Volunteer Family Members**

This scholarship is being offered to children or dependents, grandchildren, stepchildren, and step grandchildren of Trinity Muscatine Friends Volunteers. The applicant must be a graduating high school senior residing in the Trinity Health Care Service Area which includes: Atalissa, Bennett, Columbus Junction, Durant, Fruitland, Grandview, Illinois City, Letts, Moscow, Muscatine, New Boston, Nichols, Stockton, Tipton, 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 finalists. If a scholarship is awarded, a check will be paid directly to your education institution and will apply only to the second semester expenses of you first year.

PLEASE ANSWER THE FOLLOWING QUESTION ON A SEPARATE SHEET OF PAPER. DO NOT INCLUDE COPIES OF OTHER APPLICATION FORMS.

1. List any honor or accelerated classes you have taken. Include academic honors you have received.
2. List your volunteer activities in the community or school including any leadership roles you held. Include number of years for each activity.
3. List extracurricular programs you participated in, leadership roles or offices you held, or awards you received. Include no. of years for each.
4. Please list the name and relationship of your family member who is a Trinity Muscatine Friends volunteer. How has this person influenced your life?
5. List your work experiences, either paid or unpaid, since your freshman year in high school. List number of years for each.
6. Name and address of the educational institution you are planning to attend and your major field of study.
7. 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 this application that you would like considered.
8. Please explain any unusual expenses/circumstances you have or anticipate for the coming year.

ALL APPLICATIONS MUST BE POSTMARKED NO LATER THAN APRIL 15 AND RETURNED TO:

Trinity Muscatine Friends
Scholarship Chairman, Sandie Hook
1518 Mulberry Avenue
Muscatine, Iowa 52761

NO LATE OR INCOMPLETE APPLICATIONS WILL BE ACCEPTED

INCLUDE:

- a. Copy of your acceptance letter from the educational institution you will be attending
- b. Copy of your high school transcript and ACT score
- c. Two signed letters of references (counselor, teachers, other adults other than family)

