



801 North State Street, Greenfield, IN 46140
317-468-4106 • 317-468-4194 (fax)
www.hancockregional.org

Healthcare and Wellness Scholarship

The Hancock Health Foundation established the Healthcare and Wellness Scholarship in 2015 to support local students and encourage entry into healthcare and wellness professions. Each year, the Hancock Health Foundation will award at least one \$2,000 scholarship.

Applicants must be a resident or be employed in a health care or wellness capacity in the Hancock Health primary service area*. Applicants must be post-secondary school students, currently enrolled in a healthcare or wellness program. Current high school students are not eligible to apply. Examples of eligible fields of study may include, but are not limited to, athletic training, physical therapy, nutrition, pharmacy, social work or general medicine. Nursing students are excluded from applying for this scholarship, as other nursing scholarships are available through the Hancock Health Foundation. Students must be enrolled in an Associates, Bachelors, Masters or Professional Degree program.

Selection criteria for this scholarship include academic achievement, community or extracurricular involvement and demonstration of interest and/or experience in healthcare or wellness activities. Prior recipients of this scholarship may apply again.

The scholarship selection committee may request personal interviews with selected applicants. For more information call the Hospital Foundation office at 317-468-4106.

*Hancock Health Primary Service Area

46040	Fortville	46163	New Palestine
46055	McCordsville	46173	Rushville
46115	Carthage	46176	Shelbyville
46117	Charlottesville	46186	Willow Branch (Wilkinson)
46129	Finly	46236	Lawrence
46130	Fountaintown	47337	Dunreith
46140	Greenfield	47351	Kennard
46148	Knightstown	47352	Lewisville
46154	Maxwell	47384	Shirley
46161	Morristown	47385	Spiceland

**Hancock Health Foundation
Healthcare and Wellness Scholarship Application**

Name: _____ Date of Application: _____

High School attended: _____

Current Post-Secondary School: _____

Home Address: _____

Phone: _____ (Alt.): _____ E-mail: _____

Program Information

School/Location (specify campus, if applicable):

Type of Program (mark one):

Associates Bachelors Masters Professional Degree

Certification or other (specify): _____

Currently taking classes? Yes No

If no, will attend: Full-time Part-time specify hours/semester: _____

Classes will begin: Fall 2019 Summer 2019 Spring 2020

Anticipated date of completion of degree: _____

Please submit the following documents with your completed application:

- A personal Letter of Introduction that highlights your academic achievements, community and/or extracurricular activities and your interest and/or experience in healthcare or wellness activities.
- Three Letters of Reference from persons not related to you. At least one letter must be from an academic professional from your current program. Letters must be on official letterhead with an original signature. E-mail references not accepted.
- School transcript(s) including courses, grades and current GPA.

I certify that all information included in this application is true. Any falsification of information or failure to attend the program as described in this application will require full refund of any awarded scholarship monies.

Applicant Signature: _____ Date: _____

Parent Signature if applicant <18 years: _____ Date: _____

Application Deadline: March 1, 2019 - 4pm. Completed application and all accompanying documentation must be received by the specified date/time in order to be considered.

Applicant: Please provide this form to individuals who will be writing Letters of Reference for you.

**Hancock Health Foundation
Healthcare and Wellness Scholarship
Reference Letter Guidelines**

Applicant Name

You have been asked to write a letter of recommendation for the above named applicant for the Hancock Health Foundation Healthcare and Wellness Scholarship. Hancock Health Foundation awards at least one \$2,000 scholarship annually. As you prepare to write this letter, please consider the scholarship eligibility and selection criteria listed below. This information may assist you in composing your letter. Letters must be on official letterhead with an original signature. E-mail references not accepted.

Eligibility Criteria: The applicant must:

1. Be a resident or employed in a healthcare or wellness capacity in Hancock Health's primary service area.
2. Be enrolled in a healthcare or wellness program at an accredited school.

Selection Criteria include:

1. Academic achievement.
2. Community and/or extracurricular involvement.
3. Demonstration of interest and/or experience in healthcare or wellness activities.

Completed applications must be received at the address below by 4pm on March 1, 2019. Recommendation letters can be given to the applicant to include with the scholarship application or mailed to:

Hancock Health Foundation
801 N. State St.
Greenfield, IN 46140

Any questions that you have should be directed to the applicant.