



SCHOLARSHIP APPLICATION

The Indiana Association of Health Care Recruiters (IAHCR) is pleased to announce the annual IAHCR Scholarship Program. IAHCR is comprised of health care recruiters from Indiana facilities. The purpose of IAHCR is to promote and exchange principles of professional health care recruitment. This year's scholarship will be awarded to support Medical Imaging Technology education. The receipt of this scholarship is in no way promissory for future services for any of IAHCR's affiliated organizations. Monies will be awarded directly to the school to be used toward tuition fees only for **Spring 2018** semester. This money cannot be used for books or other non-tuition related fees. Awards that exceed tuition need must be returned to IAHCR.

CRITERIA FOR ELIGIBILITY:

Section IV of the application outlines all documents needed.

- 1) All applicants must be Indiana residents currently enrolled and in Good Standing in a fully JCERT accredited Medical Imaging Technology & Diagnostic Medical Sonography school.
- 2) Competitive GPA required.
- 3) Financial need is considered

Consideration is given to all applicants without regard to sex, race, creed, or national origin.

AWARD:

A \$1000.00 scholarship will be awarded to a student meeting the eligibility requirements listed above.

TO APPLY:

Complete the application and mail to:

Attention: Robin Dremonas – IAHCR Scholarship Committee Chair

Community Health Network

6626 E. 75 St., Suite 100

Indianapolis, IN 46250

Or email to: rdremonas@ecommunity.com

Official transcripts may be received via mail or can be emailed directly from the school or vendor.

APPLICATION DEADLINES:

Completed applications must be returned and postmarked or emailed by **October 20, 2017**. Applicants will be notified by December 1, 2016, if they have been selected to receive an IAHCR Scholarship.

SCHOLARSHIP APPLICATION:

Directions: Complete the Scholarship Application. Please answer all questions and attach all requested documents. Please **PRINT** or **TYPE** your application. Include an official college transcript along with your application. **Your application will not be considered if it is incomplete.** Questions may be directed to Robin at (317) 621-1770 or rdremonas@eCommunity.com.

IAHCR SCHOLARSHIP APPLICATION

SECTION I

Name _____

Home Address _____

City _____ State _____ Zip _____

Campus Address _____

City _____ State _____ Zip _____

Student ID No. _____ Home/Cell # (____) _____

Email address: _____

SECTION II

College/University where enrolled:

Office of Student Financial Aide *(If selected for scholarship this would be the address where we need to send payment):*

Address _____

City _____ State _____ Zip _____

Expected Graduation Date _____

Will you receive any other means of Financial Aide (Grants, loans, etc.), or do you have other Financial Aide applications pending? Explain:

SECTION III

Are a family member of an IAHCR member? Yes No

If so, name of IAHCR member: _____

Relationship to IAHCR Member: _____

SECTION IV

You **MUST** complete application packet fully, including **ALL** of the following documents. Check below to verify that each document is included with your application and nothing has been left blank on application itself. **AN INCOMPLETE APPLICATION PACKET WILL NOT BE CONSIDERED.**

___ Most recent official (includes college/university seal) college academic transcript or Grade report. Report Cards or Non-Official transcripts are not acceptable. If emailed, transcript must be sent directly from the school or vendor in order to be considered.

___ Typed essay (Minimum of 250 words) supporting your application and explaining why IAHCRC should award you a scholarship.

SECTION IV

Scholarship Applicant Signature:

Date:
