

## **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 APRIL 1, 2024 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](mailto:cjhank@hotmail.com) with any questions