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2400 East 17th Street Columbus, Indiana 47201 812.376.5100 Fax 812.376.5815 *foundation.crh.org* crhfoundation@crh.org January 22, 2024

Dear Applicant:

Thank you for applying for a Robert Borczon Memorial Scholarship. We are pleased to provide you with this opportunity to apply for funds so that you may further your education in a health-related field. Columbus Regional Health Foundation is proud to administer the Robert Borczon Memorial Scholarship as a way to provide financial assistance to Columbus Regional Health employees.

Included in application packet:

- Description of Scholarship Fund/requirements
- Application cover sheet & checklist
- Application form
- (2) Character Recommendation forms

Incomplete applications will not be considered for this scholarship.

The following are important dates for the scholarship process. If you are chosen as a finalist, you **must be available for interviews**. Interviews will be conducted during the morning of Friday, May 10th. Please make arrangements now to be available.

•	Monday, April 8, 2024	<u>Completed</u> applications due in the Foundation office by 5:00 pm.
٠	Friday, May 3, 2024	Finalists notified; interviews scheduled
٠	Friday, May 10, 2024	Finalists' interviews
٠	Monday, May 13, 2024	Winners notified and announced

Best wishes in pursuing the scholarship and achieving your educational goals. Feel free to call the Foundation office at 376-5100 if you have questions.

Sincerely,

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Julie Abedian President

# -2024-Robert Borczon Memorial Scholarship Fund Columbus Regional Health Foundation

Robert Borczon was the chief administrator at Columbus Regional Hospital from 1967 until his retirement in 1985. He believed in the importance of education and desired that hospital employees be provided an opportunity to further their training. He was a supporter of employees who set high educational goals for themselves and diligently worked to accomplish them.

When Mr. Borczon died in 1998, to honor his commitment to education, a fund was established with Columbus Regional Hospital Foundation to award scholarships to hospital employees who are seeking professional development in a health-related career through post-secondary education.

Eligibility Requirements:

- Employed by Columbus Regional Health for a minimum of one year, as of April 1, 2023
- Must work at least an average of 40 hours per pay period over the last 12 months
- Be admitted to an accredited post-secondary program
- Be seeking a degree in a health-related field, including business
- Submit two character recommendations one must come from applicant's current supervisor – not a past supervisor.
- Must be available for interview (if selected as finalist) with the scholarship committee the morning of: Friday, May 10th, 2024
- If selected as a recipient, must agree to continue employment at Columbus Regional Health for at least two years from final disbursement of scholarship, or return to CRH Foundation any portion of the grant used.

Four winners may each receive up to a \$5,000 scholarship (amount may vary each year). Recipients have up to 5 years to use awarded funds. Any funds remaining beyond that period will be returned to CRH Foundation. **Two-year employment agreement is effective from the date the school receives the final payment.** 

Award winners will be selected based upon financial need, quality and completeness of application, timeframe for completion of program, and academic performance or potential. <u>All applicants are required to attach a copy of their completed Free Application for Federal Student Aid (FAFSA).</u>

Eligible employees are invited to pick up an application in the Hospital Foundation office or the application can be downloaded from the CRH Intranet. Applications should be submitted to the Foundation Office **by 5:00 p.m.** on **Monday, April 8th, 2024**. Finalists will be contacted on <u>May 3rd, 2024</u> to set up an interview for <u>Friday, May 10th, 2024</u>.

Scholarship recipients will be notified by telephone on <u>Monday, May 13th, 2024</u>, and announcements will be made through CRH and CRHF media and *The Republic* newspaper.



# COLUMBUS REGIONAL HEALTH FOUNDATION

# 2024

# Robert Borczon Memorial Scholarship Application

# Applicant Checklist:

- □ Hire Date (CRH employee for 1 yr. as of 4/1/24)
- □ Has worked at least an average of 40 hours/pay period over the last 12 months
- □ Completed application
- □ Free Application for Federal Student Aid (FAFSA) SAR report attached
- FAFSA is still required even if loans will be declined to determine financial need
- □ Current unofficial transcript attached
- Essay
- □ \*Optional special circumstance essay
- □ (2) Character Recommendation forms submitted to Foundation
  - $\circ$  (one must come from applicant's current supervisor not a past supervisor

## 2024 Columbus Regional Health Foundation Robert Borczon Memorial Scholarship Application

Name				Date		
Home Address City, State, Zip				Phone		
			CRH Phone			
Marital Status _	Hire	e Date	CRH D	ept. Name		
Average hours p	er week worked	Job Tit	le			
Have you ever r	eceived the Robert	Borczon Memo	orial Scholarship be	fore? Yes	_ No	
lf no, have you i	nterviewed for the s	scholarship? Y	es When	? No	o o	
lf no, have you i <u>Current Acader</u>		scholarship? Y	es When	? No	o	
Current Acader	<u>nic Program:</u>		es When Number of co			
Current Acader	nic Program: nt enrollment		Number of co		Irs	
College of curre	nic Program: nt enrollment		Number of co	mpleted credit hou	Irs	
College of curre GPA: Area of study or	nic Program: nt enrollment degree program		Number of co	mpleted credit hou e raduation date	Irs	
College of curre GPA: Area of study or	nic Program: nt enrollment degree program		Number of co Type of degree Anticipated g	mpleted credit hou e raduation date	Irs	

#### \*PLEASE ATTACH COPIES OF UNOFFICIAL TRANSCRIPTS FROM ALL COLLEGE EXPERIENCES.

**<u>Community/Volunteer Experience:</u>** (List all volunteer activities even those you are no longer participating; they do not need to be related to health care. Please attach extra sheet if necessary)

Volunteer Activity	Date(s) Volunteered	Volunteer Activity	Date(s) Volunteered

#### Financial Needs:

Total aggregated gross income	\$
Number of people in the household	
Number of people in household pursuing college	
What is your estimated family contribution (EFC) according to the FAFSA	

#### Total Cost of College Per Year:

Tuition	\$		Books/Fees	\$
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#### Source of Funds:

<u>Amount</u>

SOURCE OF FUNDS	AMOUNT	SOURCE OF FUNDS	AMOUNT
Personal earnings	\$	Loans	\$
Grants	\$	CRH Tuition Reimbursement	\$
Scholarships	\$	Savings	\$

**REQUIREMENT** - Complete & attach copy of Free Application for Federal Student Aid (FAFSA) confirmation page. FAFSA can be completed at <u>www.fafsa.ed.gov</u>. NOTE: If you would like assistance completing the application, the Foundation office is happy to assist you (X5100).

#### Work Experience:

1. Name of Employer:	From:	To:
Duties		
Why did you leave?		_
2. Name of Employer:	From:	To:
Duties		
Why did you leave?		
3. Name of Employer:	From:	To:
Duties		
Why did you leave?		

### Student Essay:

Please submit your essay on a single sheet of paper, typed and double-spaced. The essay should reflect who you are as a person; why you are pursuing this degree; and the impact obtaining this degree will have on your life, your community, and/or Columbus Regional Health. Include information about why the Robert Borczon Memorial Scholarship is important for your success or how the Scholarship will help you succeed.

#### \*Optional Essay:

Please describe any special circumstances of hardship, financial or otherwise, you feel should be taken into consideration related to your scholarship application (up to 200 words).

### Page 3 of 4 Columbus Regional Health Foundation Robert Borczon Memorial Scholarship 2024 Character Recommendation for Application Process

(APPLICANT'S CURRENT SUPERVISOR)

Employee Name: Name of Recommender (Supervisor): Note to Recommender: Please complete this sheet and return it directly to the Hospital Foundation: **Columbus Regional Health Foundation** 2400 E 17<sup>th</sup> Street Columbus, IN 47201 OR: crothbart@crh.org How many years have you known the student/employee?\_\_\_\_\_ In what relationship?\_\_\_\_\_ What are the student's most distinguishing characteristics? Include supporting examples. Additional Comments:

# Page 4 of 4 Columbus Regional Health Foundation Robert Borczon Memorial Scholarship 2024

# **Character Recommendation for Application Process**

Employee Name:

Name of Recommender:\_\_\_\_\_

Note to Recommender:

Please complete this sheet and return it <u>directly</u> to the Hospital Foundation:

Columbus Regional Health Foundation 2400 17<sup>th</sup> Street Columbus, IN 47201 OR: crothbart@crh.org

How many years have you known the student/employee?\_\_\_\_\_

In what relationship?\_\_\_\_\_

What are the student's most distinguishing characteristics? Include supporting examples.

Additional Comments: