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**CRH Auxiliary Scholarship Application Form**

The Columbus Regional Health Auxiliary Scholarships are designed to provide financial assistance with Degree/Program prerequisites to a CRH/CRHP/System Services employee pursuing a career or advancement in healthcare at Columbus Regional Health. Prerequisites must align with the educational sponsorships on the current HR Educational Assistance Opportunities’ list.

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| Employee Information – please type or print legibly |
| **Entity:** CRH [ ]  SYSV [ ]  CRHP [ ]   | **Dept Name and #:** |
| **Badge #:** | **Employee Name:** |
| **Employee Job Title:** |
| **Address:** **City:** **State:** **Zip Code:** |
| **E-Mail:** | **Phone Number:** |
| Have you ever been a recipient of the CRH Auxiliary Scholarship? [ ]  No [ ]  YesIf Yes, when did you receive the scholarship and what was the dollar amount: Year: Amount: $  |
| Degree Verification |
| Degree to be awarded upon completion: | Major: |
| Institution Name: | Expected Graduation Date: |
| List of Prerequisites |
| [ ]  I have attached my current Bursar’s bill and/or transcript as proof of enrollment: |
|  | Amount | Course |
| Tuition |  |  |
| Books |  |  |
| Fees |  |  |
| **Total Amount: $**  |
| Completed Application Submission Options |
| **Mail:** Volunteer Services 2400 East 17th Street Columbus, IN 47201 | **Email:** rwalsh@crh.org | **In Person:** For directions to our office, call(812) 376-5305 |

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| Describe Community Support – List any additional healthcare related activities in which you have been involved: |
| [ ]  Healthcare Work Experience: |
| [ ]  CRH Volunteer – Service Area(s): | Hours Served to Date: |
| [ ]  Other Healthcare Related Volunteer Experience – Organization: | Hours Served to Date: |
| [ ]  Other Volunteer Experience – Organization: | Hours Served to Date: |
| Signature |  |
| Employee Signature: | Date: |

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| VOLUNTEER OFFICE USE ONLY |
| Applicant in Good Standing with CRH: Yes [ ]  No [ ]  Comments: |
| Prerequisites align with the educational sponsorships on the current HR Educational Assistance Opportunities’ list:Yes [ ]  No [ ]  Comments: |
| Application: Approved [ ]  Declined [ ]   |
| Amount of Scholarship: $  | Applicant Notified by: Phone [ ]  Email [ ]  Date: |
| Volunteer Office Approval Signature: | Approval Date: |