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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 06, 2025

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 16, 2025 Please make arrangements now to be available.

Monday, April 14, 2025
 Completed applications due in the Foundation

office by 5:00 pm.

Monday, May 5, 2025
 Finalists notified; interviews scheduled

◆ Friday, May 16, 2025 Finalists' interviews

Monday, May 19, 2025
 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,

Julie Abedian President

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-2025-

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, 2025
- ♦ Must work at least an average of 40 hours **per pay period** over the last 12 months
- Employee must be in good standing with CRH.
- 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 16th, 2025
- 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. All applicants are required to attach a copy of their completed Free Application for Federal Student Aid (FAFSA).

Eligible employees are invited to pick up an application in the Hospital Foundation office, located in the Lincoln Park Building, 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 14th, 2025. Finalists will be contacted on May 5th, 2025 to set up an interview for Friday, May 16th, 2025.

Scholarship recipients will be notified by telephone on Monday, May 19th, 2025, and announcements will be made through CRH and CRHF media and *The Republic* newspaper.



COLUMBUS REGIONAL HEALTH FOUNDATION

2025 Robert Borczon Memorial Scholarship Application

Applicant Checklist:

Ш	Hire Date (CRH employee for 1 yr. as of 4/1/25)				
	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 in order to determine 				
	financial need				
	Current unofficial transcript attached				
	Essay				
	*Optional special circumstance essay				
	(2) Character Recommendation forms submitted to Foundation				
	o (one must come from applicant's current supervisor - not a past supervisor				
	 Please make certain current supervisor receives the 				

2025 Columbus Regional Health Foundation Robert Borczon Memorial Scholarship Application

Applicant Infor	mation:							
Name					Date			
Home Address_	Home Address							
City, State, Zip_			CRH Phone					
Marital Status _	Hire	Date		CRH De	pt. Name			
Average hours	oer week worked	Job T	itle					
Have you ever r	eceived the Robert	Borczon Mer	noria	al Scholarship befo	ore? Yes	No		
If yes, when	what ar	mount?						
If no, have you i	nterviewed for the s	cholarship?	Yes	When?		No		
Current Acade	mic Program:							
College of curre	nt enrollment			_ Number of com	pleted credit ho	ours		
GPA:	GPA: Type of degree							
Area of study or	Area of study or degree program Anticipated graduation date							
Prior Academic	Background (List hig	gh school if n	о со	llege experience &	include any ce	rtifications):		
College/University Attended	Program Enrolled	GPA		Did you graduate	Dates of attendance	Degree/Certificate received		
*PLEASE ATTAC	CH COPIES OF UNOF	FICIAL TRAI	NSCI	RIPTS FROM ALL (COLLEGE EXPE	RIENCES.		
	lunteer Experience by do not need to be							
olunteer Activity	Date(s) Volunteered			Volunteer	Activity	Date(s) Volunteered		

Page 2 of 4

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	\$

Source of Funds:

Amount

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 www.fafsa.ed.gov. NOTE: If you would like assistance completing the application, the Foundation office is happy to assist you (X5100).

Work Experience:

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

Student Essay:

Please submit your essay on a single sheet of paper, 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, and how the Scholarship has or will change the way you think about and perform your job. If you have received the scholarship in the past, please explain the ways in which that award has helped to advance your healthcare career.

*Optional Essay:

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

Columbus Regional Health Foundation Robert Borczon Memorial Scholarship 2025

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 <u>directly</u> to the Hospital Foundation:
Columbus Regional Health Foundation 2400 E 17 th 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 2025

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:
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How many years have you known the student/employee?
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Additional Comments: