

Scholarship Application 2026

This scholarship is available to 2026 high school graduates and students who are enrolled in secondary education in the Sioux Center Health service area, or students who choose to have their medical care with Sioux Center Health.

This scholarship is for students pursuing a career in the **healthcare field.**

The amount of this scholarship is **\$750** for high school graduates and **\$1,500** for secondary enrolled students. You may apply for multiple years. It is the responsibility of the student to apply for additional years, should they choose.

For the student to be considered for the Sioux Center Health Scholarship, he/she must submit the following application, along with the necessary documentation to Sioux Center Health, delivered no later than **March 6, 2026**. Early submissions are encouraged.

Documentation Required:

1. Scholarship Application, with signature.
2. Copy of (unofficial) transcript.
3. Letter of reference from a teacher or supervisor (work or volunteer).
4. An essay that describes why you have chosen a healthcare related field. Make your case to the selection committee in specific terms relating to personal circumstances, why being a healthcare employee is important to you. Include how your education could benefit or impact Sioux Center Health.

Email all necessary documentation to tia.vanthul@siouxcenterhealth.org or deliver to the following address no later than **4 p.m. on March 6, 2026**:

Sioux Center Health Foundation
Attn: Scholarship Committee
1101 9th St SE Sioux Center, IA 51250

Failure to meet the due date or to include ALL documentation will result in indelibility of the application.

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Name :

Address:

City, State, ZIP:

Telephone:

E-mail:

School Currently Attending:

Current Year/Grade:

Current Grade Point Average:

Are you or a family member currently employed at Sioux Center Health? Yes: No:

In What Position:

If Family, What Relationship:

(Optional) Do you receive care at Sioux Center Health? Yes: No:

College, University or Vocational School you plan to attend in Fall 2026:
Name:

City, State:

Healthcare profession you are planning to pursue:

Please tell us about any extracurricular activities and volunteer activities you have participated in. (Attach an additional page if necessary.)

Have you received a scholarship from Sioux Center Health before? Yes: No:

Have you applied for a scholarship from Sioux Center Health before? Yes: No:

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I authorize Sioux Center Health Foundation to release my name to the public if I am a recipient of a Sioux Center Health Foundation Scholarship. I authorize the use of my photo for Sioux Center Health for images, photos on social media and additional sources.

Applicant Name:

Applicant Signature:

Date Submitted: