January 14, 2017

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 pleased 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 are conducted during the morning of Friday, May 5th. Please make arrangements now to be available.

♦ Monday, April 17, 2017  Completed applications due in the Foundation office by 5:00 pm.
♦ Friday, April 28, 2017  Finalists notified; interviews scheduled
♦ Friday, May 5, 2017  Finalists’ interviews
♦ Monday, May 8, 2017  Winners notified and announced

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

Sincerely,

Julie Abedian  
President

If you do not wish to receive further fundraising appeals from us, please contact us at (812)376-5100 or email sstrothmann@crh.org.
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, 2017
♦ 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 5, 2017**
♦ If selected as a recipient, must agree to continue employment at Columbus Regional Health for at least two years from final disbursement of scholarship.

Four winners will each receive a $3,000 scholarship, payable in two installments to their respective school. An initial payment of $1,500 will be given the first year, and the remaining $1,500 may be renewed by each recipient the following year or within five years of the original award as long as initial qualifications are still met. 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 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 17, 2017**. Finalists will be contacted on **April 28, 2017** to set up an interview for **Friday, May 5, 2017**.

Scholarship recipients will be notified by telephone on Monday, May 8, 2017, and announcements will be made through CRH media and *The Republic* newspaper.
2017
Robert Borczon Memorial Scholarship
Application

Applicant Checklist:
☐ Hire Date (CRH employee for 1 yr. as of 4/1/17)
☐ 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) confirmation page 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
  ☐ (one must come from applicant’s current supervisor - not a past supervisor)
2017 Columbus Regional Health Foundation
Robert Borczon Memorial Scholarship Application

**Applicant Information:**

Name ________________________________ Date ________________

Home Address __________________________________________ Phone ________________

City, State, Zip ____________________________ CRH Phone ________________

Marital Status ___________ Hire Date _______________ CRH Dept. Name ________________

Average hours per week worked ________________________________

Have you ever received the Robert Borczon Memorial Scholarship before? Yes______ No______
If yes when _______ If no have you interviewed for the scholarship Yes_____ No_____ 

**Current Academic Program:**

College currently enrolled at ________________ Number of completed credit hours ____________

GPA: __________________ Type of degree ____________________________

Area of study or degree program ________________ Anticipated graduation date______________

**Prior Academic Background (List high school if no college experience & include any certifications):**

<table>
<thead>
<tr>
<th>College/University Attended</th>
<th>Program Enrolled</th>
<th>GPA</th>
<th>Did you graduate</th>
<th>Dates of attendance</th>
<th>Degree/Certificate received</th>
</tr>
</thead>
<tbody>
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*PLEASE ATTACH COPIES OF UNOFFICIAL TRANSCRIPTS FROM ALL COLLEGE EXPERIENCES.*

**Community/Volunteer Experience:** (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)

<table>
<thead>
<tr>
<th>Volunteer Activity</th>
<th>Date(s) Volunteered</th>
<th>Volunteer Activity</th>
<th>Date(s) Volunteered</th>
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</thead>
<tbody>
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</table>
Financial Needs:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Total aggregated gross income</td>
<td>$</td>
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<tr>
<td>Number of people in the household</td>
<td></td>
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<tr>
<td>Number of people in household pursuing college</td>
<td></td>
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<tr>
<td>What is your estimated family contribution (EFC) according to the FAFSA</td>
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</tbody>
</table>

Total Cost of College Per Year:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Tuition</td>
<td>$</td>
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<tr>
<td>Books/Fees</td>
<td>$</td>
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</table>

Source of Funds:

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Personal earnings</td>
<td>$</td>
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<tr>
<td>Loans</td>
<td>$</td>
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<tr>
<td>Grants</td>
<td>$</td>
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<tr>
<td>CRH Tuition Reimbursement</td>
<td>$</td>
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<tr>
<td>Scholarships</td>
<td>$</td>
</tr>
<tr>
<td>Savings</td>
<td>$</td>
</tr>
</tbody>
</table>

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:

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).
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. 17th Street
Columbus, IN 47201

How many years have you known the student/employee?______________________

In what relationship?_______________________________________________________

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

________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

Additional Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Columbus Regional Health Foundation
Robert Borczon Memorial Scholarship
2017

Character Recommendation for Application Process

Employee Name: ____________________________________________

Name of Recommender: ____________________________________

Note to Recommender:

Please complete this sheet and return it directly to the Hospital Foundation:

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2400 E. 17th Street
Columbus, IN 47201

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_________________________________________________________________

Additional Comments:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________