# 

**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.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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  Yes  If 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](mailto:rwalsh@crh.org) | | | | | **In Person:** For directions to our office, call  (812) 376-5305 |

**Continued on back.**

CRH Auxiliary Scholarship Application Form Page 2

|  |  |
| --- | --- |
| 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: |

|  |  |  |
| --- | --- | --- |
| 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: |