



**AUXILIARY**  
**COLUMBUS REGIONAL HEALTH**

### 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 <input type="checkbox"/> SYSV <input type="checkbox"/> CRHP <input type="checkbox"/>		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? <input type="checkbox"/> No <input type="checkbox"/> 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			
<input type="checkbox"/> I have attached my current Bursar's bill and/or transcript as proof of enrollment:			
	Amount	Course	
Tuition			
Books			
Fees			
<b>Total Amount: \$</b>			
Completed Application Submission Options			
<b>Mail:</b> Volunteer Services 2400 East 17 <sup>th</sup> Street Columbus, IN 47201	<b>Email:</b> <a href="mailto:nwalsh@crh.org">nwalsh@crh.org</a>		<b>In Person:</b> For directions to our office, call (812) 376-5305

**Continued on back.**

Describe Community Support – List any additional healthcare related activities in which you have been involved:	
<input type="checkbox"/> Healthcare Work Experience:	
<input type="checkbox"/> CRH Volunteer – Service Area(s):	Hours Served to Date:
<input type="checkbox"/> Other Healthcare Related Volunteer Experience – Organization:	Hours Served to Date:
<input type="checkbox"/> Other Volunteer Experience – Organization:	Hours Served to Date:
Signature	
Employee Signature:	Date:

VOLUNTEER OFFICE USE ONLY	
Applicant in Good Standing with CRH: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	
Prerequisites align with the educational sponsorships on the current HR Educational Assistance Opportunities' list: Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:	
Application: Approved <input type="checkbox"/> Declined <input type="checkbox"/>	
Amount of Scholarship: \$	Applicant Notified by: Phone <input type="checkbox"/> Email <input type="checkbox"/> Date:
Volunteer Office Approval Signature:	Approval Date: