



Pocahontas Healthcare Foundation

606 NW 7th St. Pocahontas, IA 50574

Pocahontas Healthcare Foundation 2026 Scholarship Application

Application Deadline: April 17, 2026
(Must be postmarked by this date)

Purpose: To help high school seniors in Pocahontas County undertake a career in healthcare by providing scholarship funds for their educational expenses.

Guidelines: High school seniors who attend Pocahontas Area Community High School or the child of an employee of Pocahontas Community Hospital or UnityPoint Clinics – Pocahontas or Laurens are eligible to apply for this scholarship as long as they will be attending an accredited educational institution in pursuit of a career in the field of healthcare.

Scholarship funds may be used to cover legitimate educational expenses including tuition, books, room and board, and other reasonable expenses and **are paid directly to the student – recipient must provide proof of enrollment into college and a copy of tuition invoice to receive their scholarship money, or it will be forfeited.**

The individual scholarship award will be \$500 or more.

APPLICANT PERSONAL DATA:

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Name of Parent (s) or Guardian: _____

EDUCATIONAL HISTORY:

High School: _____ Graduation Date: _____

Name of College or University Accepted: _____

Address: _____ City/State/Zip: _____

Degree Sought: _____

Brief Summary of Career Plans: _____

FINANCIAL INFORMATION:

Estimated College Costs

Tuition: _____

Books: _____

Room/Board: _____

Total Anticipated Cost: _____

WORK EXPERIENCE:

Are you currently employed? Yes ___ No ___

If yes, average number of hours worked per week _____

Previous Employer:

Company Name: _____

Dates: _____

TRANSCRIPT:

Please submit your high school transcript.

SUBMIT ONE ESSAY ADDRESSING THE FOLLOWING:

A brief typed essay describing the meaning this scholarship would have in your educational/professional future and any personal challenges overcome, if any, to achieve your goals.

MUST SUBMIT A WALLET SIZE SENIOR PICTURE WITH YOUR APPLICATION.

REFERENCES:

Please identify three people who will furnish references on your behalf. Please avoid using relatives, clergy, or close friends. We prefer references from previous teachers, school counselors, school administrators or previous employers.

1. Reference Name: _____

Position: _____

Company/School/Organization: _____

City/State: _____ Phone Number: _____

2. Reference Name: _____

Position: _____

Company/School/Organization: _____

City/State: _____ Phone Number: _____

3. Reference Name: _____

Position: _____

Company/School/Organization: _____

City/State: _____ Phone Number: _____

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in the termination of any scholarship award granted.

Applicant's Signature: _____

Date: _____

Please return application to:

Pocahontas Healthcare Foundation

Hanna Kies

606 NW 7th St

Pocahontas, IA 50574