



henrycountysoldiersandsailors.com

407 South White Street | Mt. Pleasant, IA 52641

March 6, 2026

Indian Hills Community College
Financial Aid Office
623 Indian Hills Drive, Bldg. 12
Ottumwa, IA 52501

Dear Academic Advisors:

Please find enclosed an application* for the Friends of Henry County Health Center Healthcare Occupation Scholarship. I am requesting that you bring this to the attention of a student interested in becoming a healthcare professional. Fields of study include, but are not limited to clinical, administrative, and support roles. Applicants must either be a resident of Henry County, Iowa, work at HCHC, or be an immediate relative of someone who works at HCHC. If there are several interested applicants, please feel free to make additional copies of the application form.

The completed application, letters of recommendation, and any other supporting material relevant to the application should be returned to me by April 10, 2026 at 2:00 p.m. Our selection committee will announce the recipients of the scholarship by May 1, 2026.

If you or your students have any questions, please feel free to contact me.

Sincerely,

Kirsten Heerdt
Volunteer Services Coordinator
319-385-6524

Enclosure: Application

*Applications can also be found online at www.henrycountysoldiersandsailors.com/friends-of-hchc



**Friends of Henry County Health Center
2026 Scholarship Application**

Friends of Henry County Health Center are offering \$1,000 scholarships to deserving individuals interested in a healthcare occupation. Applicants must be a resident of Henry County or work at Henry County Health Center, or be a member of the immediate family of someone who works at HCHC. Applicants are not restricted to programs within the State of Iowa, but the Friends of HCHC Scholarship Committee reserves the right to review the program.

Name: _____

Address: _____

Telephone: _____

Email: _____

Check all that apply.

I am a resident of Henry County.

I work at HCHC. Department: _____

I am an immediate family member of someone who works at HCHC.

Associate's name and department: _____

In what community activities, organizations, school, or church activities are you actively involved? Please describe your involvement.

What are your educational goals?

If you have applied for federal aid, please attach page 1 of the Student Aid Report (SAR). May we contact your college Financial Aid Office to clarify any questions we have?

- Yes
 No

If you have been employed during the past five years, please list where and your supervisors.

May we contact them?

- Yes
 No

Are you a previous Friends of HCHC Scholarship recipient? If so, what year did you receive scholarship funds?

*****If you have not received a Friends of HCHC Scholarship in the past, please submit two (2) letters of general recommendation with this application.*****

Please explain why you feel you deserve this scholarship.