



2026 Health Careers Scholarship Program Guidelines

Daviess Community Hospital Foundation provides scholarship awards to aspiring health care professionals in an effort to support and encourage those individuals to return to our community to fulfill our communities' need for dedicated, trained health care providers in a hospital or clinic setting. Daviess Community Hospital Foundation makes scholarship awards through three scholarship programs.

General Guidelines:

- Accepted to or attending an accredited educational institution of higher learning. Preference give to students who are already attending an institution of higher learning.
- Pursuing a degree in the field of health care, with the intention of pursuing that career in the Daviess Community Hospital service area. Eligible paths of study should prepare the student for a career that will contribute to the improvement of the health of those living in our community. * This does not include the field of Dentistry. If you have questions whether your path of study qualifies, please call the DCH Foundation office at 812-254-8858 or email asteiner@dchosp.org.
- Live in Daviess, Martin, or Pike County or is a dependent of a Daviess Community Hospital full or part-time employee, regardless of residence.
- Awardees are eligible to receive a scholarship award in up to two scholarship award cycles. They do not have to be consecutive.
- Full and part-time students are eligible.
- Scholarship funds may be used to cover tuition, books, room and board, uniforms, and other reasonable expenses. Funds are paid directly to the educational institution.
- All applications and/or attachments must be typed and double-spaced.
- Applications that do not supply all requested information and/or attachments and do not meet scholarship guidelines and/or deadlines will not be considered.

Daviess Community Hospital Foundation makes scholarship awards through three scholarship programs. Only one application is required to be eligible for any of these scholarship programs:

- The Health Careers Scholarship Program: Up to \$1,500 may be awarded for each scholarship recipient selected.
- The Helen Arthur Memorial Scholarship Award: A \$750 scholarship award for a student pursuing a nursing degree.
- The DCH Auxiliary Scholarship Award: A \$1,000 scholarship award for a student pursuing a career in healthcare and a desire to practice in Daviess County and the surrounding area.
- The Dr. Suresh Lohano Memorial Scholarship: Up to \$5,000 may be awarded for one or more recipients selected.

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2026 Health Careers Scholarship Application

Instructions: All applications and attachments must be typed and double-spaced to be considered. The completed application and all attachments may be emailed to the DCH Foundation Office at asteiner@dchosp.org or printed copies with attachments may be mailed to the DCH Foundation Office at P. O. Box 760, Washington, IN 47501. Emailed applications are preferred. Application deadline is midnight on **Monday, March 16, 2026**. The application must be postmarked or received in the DCH Foundation Office on or before this date to be considered for an award. A confirmation email will be sent upon receipt of the completed application packet. **If you do not receive a confirmation email within one week of your submission, please contact Angie Steiner at asteiner@dchosp.org. If you have questions about the application process, please call 812.254.8858.**

PERSONAL INFORMATION:

Name:

Address:

City:

State:

Zip:

County:

DCH employee dependent:

Phone:

Email:

Name of parent(s) or guardian(s):

Address (if different from above):

City:

State:

Zip:

EDUCATION:

High School:

Graduation/GED Date:

Name of educational institution (attending or planning to attend):

Address:

City:

State:

Zip:

Entering undergraduate class of:

Graduate Class:

Major:

Degree Sought:

Brief summary of career plans:

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**EMPLOYMENT:**

Are you currently employed? Yes No

If yes, where are you currently employed?

Average # of hours worked per week:

Previous employers:

- 1.
- 2.
- 3.

EDUCATIONAL EXPENSES:

List an estimation of educational expenses (tuition, room/board, books, uniform, other):

Total amount of all listed educational expenses:

FINANCIAL ASSISTANCE:

List sources, types and amounts of other financial assistance:

Total amount of other financial assistance:

OTHER REQUESTED INFORMATION:

Please give a summary of your extracurricular and/or sport activities from high school and college:

Submitted as a separate attachment.

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Please summarize your volunteer/community activities from high school and college:

Submitted as a separate attachment.

Please list any honors and/or awards received from high school and college:

Submitted as a separate attachment.

Please share what you feel is the greatest issue affecting your field of study and how will you work to address this issue in your future career?

Submitted as a separate attachment.

Please provide a brief typed essay describing how you were influenced to choose health care as a profession and how you plan to contribute to your local community once achieving your goal. (500 words maximum)

Submitted as a separate attachment.

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REQUIRED:

Transcript: A COMPLETE high school transcript is required for high school graduates and applicants that have completed less than 2 semesters of higher education. All applicants currently enrolled or who have previously attended an institution of higher education, submit your most recent college transcript, including freshmen.

Attached as a separate .pdf file

Submitted as a separate attachment.

ADDITIONAL:

Limited scholarship recipients' information and picture may be released to area media outlets and may be used in Daviess Community Hospital and Daviess Community Hospital Foundation promotional literature. Your acceptance of your scholarship award is your consent for DCH and DCH Foundation to use this material.

Applicant's signature (electronic signature accepted):

Date:

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