



February 26, 2025

TO: HIGH SCHOOL GUIDANCE COUNSELORS IN THE FIVE-COUNTY AREA

Dear Counselor:

We are pleased to announce the Board of Directors of Cameron Regional Medical Center (CRMC) has appropriated funds again this year for our renewable scholarship program in the five counties of Caldwell, Clinton, Daviess, DeKalb, and Harrison. Enclosed you will find application forms to be used for this purpose; please feel free to duplicate as needed. **PLEASE NOTE: You must use this year's application and deadlines – not information from a previous year.** The application form is also available at cameronregional.org/scholarships; however, electronic submission of the completed application is not possible.

Candidates must be graduating seniors entering an acceptable health care field of study on a full-time basis in the fall of 2025. Eligibility will be based upon *residency*, with one \$1,000 scholarship available to a student in each of the five counties (Caldwell, Clinton, Daviess, DeKalb, and Harrison), plus one \$1,000 scholarship available to a CRMC employee's child. In the event of a tie, awards may be split between two or more students within a county and between two or more employees' children. **Applicants should clearly denote if either one of their parents is an employee of CRMC.** **Applications must be postmarked by Friday, April 4, 2025, or hand-delivered to CRMC no later than 3:30 p.m. on Friday, April 4, 2025.**

Final selection of recipients will be based on the following criteria: A minimum ACT score of 20, high school GPA, goals, school/community involvement, earning/saving efforts, and need. Awards will be subject to the existence of qualified candidates, and one payment will be made directly to the involved educational institution each fall upon receipt of the student's proof of enrollment (and the necessary documentation for renewal in subsequent years – see below).

These scholarships are RENEWABLE for an additional three years, provided the following criteria are met:

- 1) A cumulative GPA of 3.0 or better must be maintained;
- 2) The applicant must remain enrolled in an acceptable health care field of study; and
- 3) **The applicant must take responsibility for initiating the renewal process by providing us with proof of No. 1 and No. 2 on or before August 1 of each of the three subsequent years of his/her continuing studies.**

In order to keep the administration of this program as fair, clear-cut, and straightforward as possible, there will be no exceptions to any of the above guidelines, criteria, and/or deadlines. If there should be questions regarding this offering, please contact Carol Arthur at (816) 649-3226. Thank you for your role in promoting this opportunity to further the education of our best and brightest!

Sincerely,

A handwritten signature in black ink, appearing to read 'Joseph F. Abrutz, Jr.'.

Joseph F. Abrutz, Jr.
Administrator

ca
enc

Please answer all questions completely. *No handwritten or duplexed applications accepted.* This application must be POSTMARKED to CRMC no later than Friday, April 4, 2025, or HAND-DELIVERED to CRMC no later than 3:30 p.m. on Friday, April 4, 2025. Late applications will not be considered. Minimum ACT score of 20 required. If completed online, form must not be altered, distorted or lengthened. See Page 3 for further information. Please denote clearly if either one of your parents is an employee of Cameron Regional Medical Center under the "Occupation" section below.

NAME _____
First Middle Last TELEPHONE _____
E-mail Address _____

ADDRESS _____
Street City State Zip Code

COUNTY OF RESIDENCE _____ HIGH SCHOOL _____ DATE OF BIRTH _____

FATHER'S NAME _____ OCCUPATION _____

MOTHER'S NAME _____ OCCUPATION _____

LIST SIBLINGS, AGES, & WHETHER THEY ARE IN COLLEGE _____

In the space below, briefly summarize your school, church, and community activities. List organizations in which you are active and any offices held.

Please list any special honors received, including those from academics, extra-curricular activities, and athletics.

SCHOOL YOU PLAN TO ATTEND _____
Name

Address City State Zip Code

CAREER PLANS _____

DATE YOU PLAN TO ENTER COLLEGE _____

TYPE OF HOUSING: _____ COMMUTE _____ LIVE WITH RELATIVES/FRIENDS _____ DORMITORY

_____ FRATERNITY/SORORITY _____ LIVE OFF CAMPUS

RETURN TO: Carol Arthur, Administration
Cameron Regional Medical Center, Inc.
P. O. Box 557; 1600 East Evergreen
Cameron, MO 64429

PLEASE LIST BELOW THE EXPENSES YOU ANTICIPATE AND THE RESOURCES YOU HAVE FOR MEETING THESE EXPENSES.
COSTS SHOULD BE FOR THE SCHOOL YEAR, AUGUST THRU MAY.

Tuition, Fees _____	Personal Savings _____
Room, Board _____	Summer Employment _____
Other Fees _____ (Lab, music, etc.)	Estimated Contribution from Parents _____
Books/Supplies _____	Loans _____
Personal _____ (Clothing, recreation, medical, etc.)	Benefits _____ (Veterans, Social Security, etc.)
Transportation _____ (Round trips, commute miles, gas, etc.)	Scholarships _____
Other expenses _____	Other resources _____
TOTAL \$ _____	TOTAL \$ _____

What advanced math and science classes have you taken in high school? _____

Why are you choosing the medical field as a career? _____

Indicate what you have done in planning ahead to help meet your anticipated college expenses. How have you earned or saved money, and what will be your plans for the coming summer? _____

The applicant/student, by signature below, certifies the information herein contained to be both true and accurate to the best of his/her knowledge. The applicant also herewith consents that the Scholarship Committee of CRMC may be fully informed as to the applicant's scholastic standing, character, and other factors having a bearing on this application.

APPLICANT/STUDENT'S SIGNATURE

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ACADEMIC INFORMATION
(to be completed by Counselor/Principal)

Class Rank _____ / _____ Seniors

GPA _____ on a 4.0 Scale

ACT Test Results:

Raw Score: ENG _____ MATH _____ READING _____ SCIENCE _____ COMP _____

Percentile: _____

Date Completed

Signature of Counselor/Principal

Telephone No.



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This application is available at cameronregional.org/scholarships; however, no electronic submission of the completed application is possible. The completed application must be mailed via USPS or delivered in person to CRMC as outlined above.

This is a renewable health care scholarship. If you are a recipient of the scholarship in 2025, it has the potential to be renewed in 2026, 2027, and 2028, provided certain established criteria are met.

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Room, Board _____ Summer Employment _____

Other Fees _____ Estimated Contribution from Parents _____
(Lab, music, etc.)

Books/Supplies _____ Loans _____

Personal _____ Benefits _____
(Clothing, recreation, medical, etc.) (Veterans, Social Security, etc.)

Transportation _____ Scholarships _____
(Round trips, commute miles, gas, etc.)

Other expenses _____ Other resources _____

TOTAL \$ _____

TOTAL \$ _____

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Why are you choosing the medical field as a career? _____

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earned or saved money, and what will be your plans for the coming summer? _____

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the best of his/her knowledge. The applicant also herewith consents that the Scholarship Committee of CRMC may be
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2025

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