

# Hedrick Medical Center Medical Staff Harkness Scholarship

Application Due: Tuesday, April 15, 2025

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I, \_\_\_\_\_ request consideration for a maximum \$1,000.00 of financial assistance from the Hedrick Medical Center Medical Staff Harkness Fund to further my education in the field of health care. I understand that I will need to **reapply each year** to be considered for a scholarship. I understand that I will be expected to **share my grades and school status** if I choose to apply for a scholarship renewal. Should I be unsuccessful in completing my classes with passing marks, or should I for any reason not complete a session for which I have received financial aid from this fund, I understand that I will not be eligible for further assistance for a period of one year. I understand if the scholarship committee does not believe there to be an appropriate or suitable candidate they are under no obligation to award a scholarship.

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Today's Date
_____	_____	_____	_____
Street	City/Town	State	Zip
_____	_____	_____	_____
Type of Training/Degree	Name of College Attending	_____	Beginning Date
_____	_____	_____	_____
Projected Graduation Date	Address of College	_____	College Telephone Number
_____	_____	_____	_____

\_\_\_\_\_

Email Address

Have you ever received and/or applied for the Hedrick Medical Center Medical Staff Harkness Scholarship previously? Yes No

If so, what result did you receive and in what year: \_\_\_\_\_

Please list your involvement with community, church or school activities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(2) Two letters of recommendation** from non-family members, (i.e. teacher, employer, minister, etc.) must be submitted for the *initial* request.

Letters of recommendation should be sent directly to:

Colby Baker, HMC Harkness Liaison  
Hedrick Medical Center  
2799 North Washington Street  
Chillicothe, Missouri 64601

**Candidates must have been accepted into an accredited college or university health care program meeting the eligibility criteria on page 4. Please attach a copy of the letter of acceptance from the college or university you are attending.**

Checklist, scholarship application, two letters of recommendation and copy of letter of acceptance must be received or postmarked by April 15, 2025.

**In your own words, please tell us what experience you may have had in your chosen field. Why do you wish to be funded through the HMC Medical Staff Harkness Scholarship? You may attach additional pages as needed.**

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All statements made in completion of the application are true and complete to the best of my knowledge. I give my permission to share any information contained herein with the Hedrick Medical Center Medical Staff.

Signed \_\_\_\_\_ Date \_\_\_\_\_

# Hedrick Medical Center Medical Staff

## Harkness Scholarship Checklist

Applicant Name: \_\_\_\_\_

Please attach this checklist to the front of your application and ensure that all required materials are either sent with this application or postmarked by Tuesday, April 15, 2025. Incomplete applications will not be considered. It is your responsibility to ensure all documents have been submitted.

Please check whether you are a:

\_\_\_\_\_ **New Applicant**

\_\_\_\_\_ **Previous Recipient**

### **New Applicant (and returning applicants who were not awarded a scholarship)**

- \_\_\_\_\_ This checklist
- \_\_\_\_\_ Completed application with essay
- \_\_\_\_\_ Current detailed transcript with classes taken and grades received
- \_\_\_\_\_ Reference letter #1 (to be submitted directly to HMC)
- \_\_\_\_\_ Reference letter #2 (to be submitted directly to HMC)
- \_\_\_\_\_ Letter on college/university letterhead confirming acceptance into a specific accredited college/university **health care program meeting the criteria outlined on page 4.**

### **Previous Recipient of HMC Harkness Scholarship**

- \_\_\_\_\_ This checklist
- \_\_\_\_\_ Completed application with essay
- \_\_\_\_\_ College/University detailed transcript with classes taken and grades received

Application items, other than references, may be sent as one packet or separately, but **this checklist must be completed by the student and accompany the application.** Please contact Colby Baker at Hedrick Medical Center with any questions about the scholarship, requirements or eligibility at 660.214.8828.

## **Hedrick Medical Center Medical Staff**

### **Harkness Scholarship Criteria**

#### Eligible Candidates:

- High school student accepted to a 6- year medical school
- Undergraduate accepted into medical school
- Current medical student
- Current medical resident
- Must be from one of the following counties; Caldwell, Carroll, Chariton, Daviess, Mercer, Grundy, Harrison, Livingston, Linn, Mercer, Putnam, Ray, Saline, Sullivan
- Completed 20 hours of community service