

Eventide Foundation Scholarship

The Eventide Foundation is proud to continue its scholarship program specifically designed to support and encourage High School seniors who aspire to pursue careers in healthcare, particularly in the aging services field. While the healthcare field is rich with opportunity, careers paths could include finance, marketing, administration, therapy, nursing, culinary, etc. This initiative aims to provide financial assistance to talented, passionate young individuals who are committed to making a difference in the field of healthcare.

Eligibility

Applicants must be a High School senior in Crawford County who plans to enroll in the fall following graduation as a full-time undergraduate at an accredited four-year college or university or a two-year community college. Intended major must align with the intentions listed above.

Award

Eventide Foundation will award one \$500 scholarship in 2026. Scholarship recipient will be selected based on academics, character, leadership and participation in school and community activities.

Application

Interested Students are responsible for gathering and submitting all necessary information as outlined below. Materials must be submitted via email to ckragel@eventidehome.com or via postal mail to Eventide Foundation at 114 South 20th Street, Denison, IA 51442 and received no later than April 15, 2026.

A full application consists of:

- Application Form
- Academic Transcript, including GPA
- Letter of recommendation from a teacher, counselor, employer, pastor or other individual who is not a relative or friend. Please include contact information.

Terms

The scholarship will be awarded to the winner at the end of his/her first semester of college upon proof of completion and proof of enrollment for a second semester. Scholarships may be used for the payment of tuition, academic fees, room, board, and the purchase of required educational materials & books.

Please contact Christine Kragel, Community Relations & Foundation Director for any questions at (712) 263-3114 or ckragel@eventidehome.com.



Eventide Foundation Scholarship Application

Full Name: _____ Date of Birth: _____

Email Address: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

High School: _____

Intended College/University: _____ Intended Major: _____

Connection with Eventide Community if applicable: _____

Have you received any other grants or scholarships for your education? Yes No

If yes, please list source of funding and amount:

1. Describe your professional career goals, including the specific career path you have chosen, the reasons behind your choice, and the steps you have taken so far to prepare for a career in healthcare.



2. Detail your involvement in extracurricular activities or community organizations. Describe any experience you have gained from leadership or volunteer roles.

3. How do you think healthcare will change in the next 5 years? How could your major play a role in that change?

4. Can you share a major challenge you encountered, the steps you took to overcome it, and the lessons you gained from the experience? Did this challenge influence your goals and aspirations?

Signature: _____ Date: _____