



*Specialized care. Personal touch.*

## **J. BEN BUCK SCHOLARSHIP**

**For Graduates or High School Seniors**  
**(Preference given to Ames High School graduates or seniors)**

*Deadline for submission is March 31st*  
*Send all application materials to: Mary Greeley Medical Center,*  
*External Relations, 1111 Duff Ave., Ames, IA 50010*

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**Introduction:** The J. Ben Buck Scholarship is an endowed scholarship established at the Mary Greeley Medical Center Foundation by the Buck family to recognize J. Ben Buck's contributions in his chosen profession as a dental technologist, as a pre-hospital emergency care provider, and as a member of a research team that developed a respirator which has improved the health of many infants.

The J. Ben Buck Scholarship fund supports an annual scholarship award of \$500 to one (1) student pursuing a health related career. **Recipients must have achieved a cumulative 3.0 GPA in their most recent level of education.** Preference is given to students who are graduates of Ames High School.

### **Criteria:**

- 1) Applicant must be pursuing a course of study in a health related field.
- 2) Applicants must be **enrolled full-time** in a course of study leading **toward a career in the healthcare field** at:
  - a) A four-year accredited college or university.
  - b) A one-year or two-year college associate of arts or science program.
- 3) Applicant must submit a **current transcript with the completed application**. Applications will be considered on the basis of scholastic performance: GPA, SAT and/or ACT, activities in school and community, financial need, and citizenship. The Selection Committee may also consider unusual situations that require students to finance their education.
- 4) Applicant must submit **three written references** with the completed application.
- 5) Applicant must **sign the completed application and have a parent/guardian sign** (if applicant is under the age of 18).
- 6) Applicant must provide **verification of full time enrollment** with the completed application or prior to scholarship disbursement.

**Information:** Selection is made without regard to gender, ethnicity or religion. The recipient will be selected by a committee from Mary Greeley Medical Center and Foundation leadership. If there are no qualified graduates from Ames High School, then preference will be given to students who are graduates of high schools located in Story County, Iowa. Selection shall be in accord with standard requirements set forth by the scholarship selection committee.

The Scholarship may be renewed provided that a 3.0 GPA is maintained during the year in which the scholarship supported the student's education. **Previous recipients are required to reapply annually.** All scholarship disbursements are paid directly to the educational institution. No outright gifts will be made.

**SCHOLARSHIP APPLICATION**  
**MARY GREELEY MEDICAL CENTER FOUNDATION**  
**J. BEN BUCK SCHOLARSHIP**

*Send this completed application, transcript(s), three (3) reference letters & enrollment verification to:*

*Mary Greeley Medical Center, External Relations, 1111 Duff Ave., Ames, IA 50010*

*Deadline for submission is March 31<sup>st</sup>*

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Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

High School \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

School Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Counselor's Name \_\_\_\_\_ Counselor's Email \_\_\_\_\_

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Ages of Dependent Children in Family \_\_\_\_\_

Please list any family member (yourself included) who has ever worked or volunteered at Mary Greeley Medical Center \_\_\_\_\_

Which educational institution do you plan to attend? \_\_\_\_\_

Field of study? \_\_\_\_\_

List anticipated annual educational expenses:  
Tuition \$ \_\_\_\_\_ Materials/Books \$ \_\_\_\_\_ Room/Board \$ \_\_\_\_\_

Have you held any part-time jobs? Yes No If yes, please list \_\_\_\_\_

\_\_\_\_\_

Are you currently employed? Yes No If yes, where? \_\_\_\_\_

Have you been awarded any other scholarships and/or grants? Yes No If yes, please specify type and awarded amount \_\_\_\_\_

List high school activities and awards \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List community service activities \_\_\_\_\_

\_\_\_\_\_

*If additional space is needed, please submit on a separate sheet attached to your original application.*

Please describe any unusual circumstances which you would like the committee to consider in reviewing your application \_\_\_\_\_

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Describe the importance of this scholarship toward your future plans \_\_\_\_\_

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What are your education and career goals? \_\_\_\_\_

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APPLICANT SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE  
(If Applicable)