

## HAROLD & THOMAS BENSON / JEANNE RAND SCHOLARSHIP FUND

Dear Applicant:

Thank you for your interest in the Harold & Thomas Benson / Jeanne Rand Scholarship program. This year we will be awarding two Benson \$1,000 Scholarships and one Rand \$1,000 Scholarship to candidates who plan to pursue a career in the nursing field. This scholarship is made possible through the generosity of people within our own community who want to honor the memory of Mr. Benson's and Mrs. Rand.

The following are the criteria, which must be met to qualify for consideration for this scholarship:

- Proof of acceptance at a school which offers a State accredited program for nursing.
- One letter of recommendation mailed directly to Clinton Area Care Center, Inc. from your reference source. If you have already worked in the health field, someone representing the agency at which you worked should fill out the form.
- If currently a student, a copy of the latest grade transcript must be attached.
- If applying for the Benson Scholarship, applicant must be a student or graduate of a Clinton County High School or a resident of Clinton County.
- If applying for the Rand Scholarship, applicant must be an employee, child or step child of an employee of Clinton Area Care Center, Inc.

Your application material must be returned in one package by **Wednesday, March 12, 2025** to the attention of the **Scholarship Committee, Clinton Area Care Center, Inc., 1101 S. Scott Road, St. Johns, MI 48879**. Thank you for your interest, and good luck in the competition and in your career.

**CLINTON AREA CARE CENTER, INC.**

**Harold & Thomas Benson / Jeanne Rand Scholarship Application  
(PLEASE TYPE OR PRINT)**

NAME: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NAME OF HIGH SCHOOL ATTENDING OR GRADUATED FROM: \_\_\_\_\_  
\_\_\_\_\_

NAME OF THE INSTITUTION TO WHICH YOU HAVE BEEN ACCEPTED OR CURRENTLY  
ATTEND: \_\_\_\_\_

LOCATION: \_\_\_\_\_

STARTING DATE: (SUBMIT ACCEPTANCE FORM) \_\_\_\_\_

ARE YOU OR HAVE YOU BEEN EMPLOYED IN THE HEALTH CARE FIELD? \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NUMBER OF YEARS IN THE FIELD: \_\_\_\_\_

DISCUSS ANY SPECIAL TRAINING YOU HAVE HAD IN THE HEALTH CARE FIELD:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE DESCRIBE ANY VOLUNTEER WORK YOU HAVE DONE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE DESCRIBE YOUR FUTURE PROFESSIONAL PLANS: \_\_\_\_\_

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DO YOU HAVE ANY RELATIVE(S) EMPLOYED AT CCAC? \_\_\_\_\_

IF YES PLEASE LIST: \_\_\_\_\_

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IN THE SPACE PROVIDED, PLEASE DESCRIBE THE FOLLOWING: (Please print or type your answers. You may attach a separate sheet if necessary.)

- A. Any experience you have had, either professionally or personally, in the health care field.
- B. The focus on your interest in the health care field as a profession.
- C. What unique challenges do you believe the health care field holds for you in the future.

If I am awarded a scholarship, I hereby authorize the committee to use my name and photograph for the purpose of announcing the award and promoting the Scholarship Program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CLINTON AREA CARE CENTER, INC.**

**Harold & Thomas Benson / Jeanne Rand Scholarship Recommendation Form**

Clinton Area Care Center, Inc. will award the Harold & Thomas Benson / Jeanne Rand Scholarship to assist qualified persons who want to continue their education in a nursing program and who are interested in careers in the field of nursing. This recommendation must be returned by **Wednesday, March 12, 2025.**

We would appreciate your opinion of the applicant. Please complete this form and place it in a sealed envelope. Recommendations should be mailed directly to **Clinton Area Care Center, Inc., 1101 S. Scott Road, St. Johns, MI 48879, Attn: Scholarship Committee.**

**(PLEASE TYPE OR PRINT)**

NAME OF APPLICANT: \_\_\_\_\_

NAME OF REFERENCE: \_\_\_\_\_

ADDRESS OF REFERENCE: \_\_\_\_\_

PHONE NUMBER OF REFERENCE: \_\_\_\_\_

POSITION OF REFERENCE: \_\_\_\_\_

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW WOULD YOU RATE THE APPLICANT ON THE FOLLOWING?

	<b>LOW</b>	<b>AVERAGE</b>	<b>HIGH</b>	<b>NO OPINION</b>
MATURITY	[ ]	[ ]	[ ]	[ ]

SENSITIVITY	[ ]	[ ]	[ ]	[ ]
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	<b>LOW</b>	<b>AVERAGE</b>	<b>HIGH</b>	<b>NO OPINION</b>
COMMITMENT TO HEALTH CARE	[ ]	[ ]	[ ]	[ ]

COMMUNICATION SKILLS	[ ]	[ ]	[ ]	[ ]
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HOW WOULD YOU RATE THE APPLICANT ON THE FOLLOWING? (CONTINUED)

LEADERSHIP	[ ]	[ ]	[ ]	[ ]
DEPENDABILITY	[ ]	[ ]	[ ]	[ ]
CITIZENSHIP	[ ]	[ ]	[ ]	[ ]

IN THE SPACE BELOW, PLEASE DESCRIBE BRIEFLY WHY YOU BELIEVE THAT THIS APPLICANT WOULD BE A WORTHY RECIPIENT OF THE BENSON SCHOLARSHIP. YOU MAY ATTACH A SEPARATE SHEET IF NECESSARY.

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Signature

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Date