



Decatur County
Memorial Hospital
The Quality Care You Want. Close By.

<p>Printed copies are for reference only. Please refer to the electronic copy for the latest version.</p>	<p>PAGE: 1 of 5</p>
<p>PROCEDURE: HR Scholarship Guidelines and Application</p>	<p>EFFECTIVE DATE: 01/28/2026 REVIEWED DATE: 01/28/2026</p>

PURPOSE:

Details and Eligibility:

- One-time scholarships of \$1000 each will be awarded annually on a merit based review system.
- Must be graduating from Decatur County Community Schools or Greensburg Community Schools and/or a Decatur County resident, accepted into a healthcare related vocational or college program consistent with the needs of our local community, and enrolled in a minimum of 6 credit hours. Current college students also eligible to apply.
- Application deadline is April 15th.
- Late or incomplete applications will be rejected.
- Team members and their immediate families of Decatur County Memorial Hospital are eligible to receive the scholarship award in addition to all community members meeting eligibility requirements.
- In addition to the application, please submit a 200-word essay sharing the reason you are pursuing a career in healthcare. Explain why you should be selected to receive the DCMH scholarship and elaborate on any unique circumstances including financial or personal challenges.
- Please attach a letter of acceptance from the school you will be attending.
- Letters of reference are required as per application instructions.

[HR DCMH Scholarship](#)

720 N. Lincoln St.
Greensburg, IN 47240



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Student Information

The Decatur County Memorial Hospital (DCMH) scholarship program is intended for the education of individuals interested in a healthcare related field. DCMH is committed to helping prepare healthcare professionals for the future and offers a scholarship program as a community service and recruitment tool.

1. The selection of and the admission to an accredited school shall be the responsibility of the student. Students already enrolled in a school are eligible for the scholarship program. If the student has not yet been accepted, approval is contingent upon their acceptance into their chosen program by their school. Accredited schools include vocational and technical colleges, junior colleges and 4-year colleges and universities.
2. Applications shall be submitted to Human Resources department of DCMH by April 15 of current year at 5:00pm Eastern and are available online at dcmh.net.
3. Scholarship applications must include the following in order to be considered:
 - a. Completed application
 - b. Transcript of grades from the most recently attended school
 - c. A letter of acceptance from the school you will be/are attending (if available)
 - d. 200-word essay (details on previous page)
 - d. Two reference letters as described in #4
4. The applicant is responsible for contacting the two references listed on the application and asking them to submit letters of reference directly to the Human Resources department at DCMH by the April 15th deadline. The references can be emailed to diane.jones@dcmh.net or mailed to:
Decatur County Memorial Hospital
Attn: Diane Jones, Human Resources
720 N. Lincoln Street
Greensburg, IN 47240
5. Scholarship recipients are not guaranteed employment within the DCMH system. DCMH will consider the employment applications of scholarship recipients along with all other applications.
6. All applicants will be notified once the DCMH Senior Leadership Team has made their final selections. Recipients will be announced at each schools senior awards program.
7. **Please call DCMH Human Resources at 812-663-1137 to confirm receipt of all application materials.**

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Please type or print:

I. APPLICANT

Name: Mrs__ Ms__ Mr__ _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Alternate Phone Number: _____

Have you been accepted to an accredited school: Yes No Pending

Name of College: _____ Degree type upon completion: _____

Date of high school graduation (month/year): _____

Anticipated date of college graduation (month/year): _____

Have you been involved in a student program at DCMH? _____

II. EDUCATION

List in chronological order high schools, colleges and universities attended in the last five years.

Name of School	Location	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any scholastic distinction or honors you have received:



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Describe key success factors needed in a workplace:

III. OUTSIDE ACTIVITIES

List your extra-curricular activities, community service, and hobbies in which you have been involved during the past four years.

IV. WORK EXPERIENCE

Position	Employer	Dates	Hours Per Week

V. REFERENCES

List the names of two people (not relatives), to use as references, such as a teacher, an employer, or a businessperson. Letter of reference from these individuals must be submitted to the Human Resources department by the April 15th deadline.

Name	Address	Occupation	Phone Number

DECATUR COUNTY MEMORIAL HOSPITAL

FOR HR USE ONLY

Date received: _____

SUBMISSIONS RECEIVED:

- ___ Completed Application
- ___ Letter of Acceptance
- ___ Essay
- ___ Reference #1
- ___ Reference #2

NOTES: _____

EQUIPMENT:

PROCEDURE:

DOCUMENTATION:
