



BROWN COUNTY HOSPITAL

\$750 GRADUATING SENIOR/COLLEGE STUDENT SCHOLARSHIP

Integrity, Excellence, Compassion & Unity

Eligibility:

- The student must be a graduating senior or college student from Brown County, Cherry County, Keya Paha County, Rock County, Loup County or Blaine County.
- The student must be declared in a healthcare or healthcare support field at a vocational school, community college, or four-year college.

Awards: Three \$750 scholarships will be available. The scholarships will be awarded in the form of a check made payable to the financial aid department of the school the recipient is attending. It will be issued in the 1st semester for college students and the 2nd semester for graduating seniors.

Applicant Requirements:

- The student must submit two Reference Form Letters (see attached).
- Applicants must submit an official high school or college transcript of grades, whichever is applicable (with official seal).
- Applications must be typed and PDF forms are available at www.browncountyhospital.org
- The student must submit this application by **March 30th** to:

Brown County Hospital Scholarship
 945 E Zero Street
 Ainsworth, NE 69210

Full Name: _____

Address: _____

City: _____ State/Zip: _____

Phone Number: _____

High School Attended _____ **Graduating Year** _____

Name: _____

Address: _____

Phone Number: _____

Vocational school, community college or college enrolled in:

Name: _____

Address: _____

Phone Number: _____

Course of Study: _____



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Work Experience/School Activities/Community Activities/Civic Activities:

Essay Questions:

- 1.) Please attach an essay (500 words or less) on the reasons why you are furthering your education, why you selected the field of healthcare or healthcare support, and how you plan to use your education.

- 2.) Please attach an essay (500 words or less) choosing one of Brown County Hospital's values of Integrity, Excellence, Compassion, or Unity, describing how you strive for that in your personal life.



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Reference form for Support of Educational Scholarship for Healthcare Application

To the Respondent: The individual named below had applied for the Educational Scholarship for Healthcare at Brown County Hospital, Ainsworth, Nebraska.

NAME: _____

ANTICIPATED COURSE OF STUDY (DEGREE PROGRAM): _____

Please respond to the following questions by selecting the appropriate answer:

1. I believe the applicant's ability to pursue a healthcare career is:
 Superior Excellent Good Fair Poor
2. How do you know this applicant?
 Student Employee Other _____
3. How long have you known this applicant? _____
4. For the following ratings, I am using this group for comparison.
 Other students Other employees Co-workers Other _____
5. Rate this applicant using the following scale:
1 below average 2 average 3 above average 4 excellent
 initiative unity (ability to work w/others) communication leadership
 responsibility attention to details compassion critical thinking skills integrity

If you have additional information you would like us to consider please comment on the back of this sheet or attach it to this form.

Signature: _____ Date: _____

Type or Print Name: _____ Institution: _____

Address: _____

Position: _____ Daytime Phone Number: _____

Please mail or bring the completed reference form to:

Brown County Hospital
Attn.: Tami Kovar, Administrative Assistant
945 East Zero Street
Ainsworth, Ne 69210

**Postmarked Deadline: March 30
(Applicants must submit 2 references)**



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