

BROWN COUNTY HOSPITAL
\$1000 GRADUATING SENIOR/COLLEGE STUDENT SCHOLARSHIP

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 \$1000 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 27th** 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: _____

BROWN COUNTY HOSPITAL
\$1000 GRADUATING SENIOR/COLLEGE STUDENT SCHOLARSHIP

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.: Administrative Assistant
945 East Zero Street
Ainsworth, NE 69210

Postmarked Deadline: March 27

(Applicants must submit 2 references)

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