



# 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 1<sup>st</sup> semester for college students and the 2<sup>nd</sup> 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](http://www.browncountyhospital.org)
- The student must submit this application by **March 29<sup>th</sup>** 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:**

- I believe the applicant's ability to pursue a healthcare career is:  
 Superior     Excellent     Good     Fair     Poor
- How do you know this applicant?  
 Student     Employee     Other \_\_\_\_\_
- How long have you known this applicant? \_\_\_\_\_
- For the following ratings, I am using this group for comparison.  
 Other students     Other employees     Co-workers     Other \_\_\_\_\_
- 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 29  
(Applicants must submit 2 references)**



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