

Healthcare Scholarship Application

Requirements: Must be a graduating senior from either West Holt Public Schools or Stuart Public Schools that will be attending post-secondary education in a healthcare related field.

Instructions: Submit the completed coversheet, essay, and provide a comprehensive list of extracurricular activities, leadership opportunities and at least one letter of reference.

Amount: \$500.00

Application Deadline: Due by the 2nd Friday in April

Name: _____ Date Completed: _____

Mailing Address: _____

City: _____ State: _____ Phone #: _____

Social Security #: _____ Date of Birth: _____

High School: _____

Grade Point Average: _____ ACT Composite Score: _____

College / University: _____ Accepted: Yes No

Major: _____ Minor: _____

Complete the following and mark with an X when completed:

Provide an essay of a minimum of 500 words to describe why you have chosen your intended major including areas such as your strengths, goals, volunteerism and leadership.

Provide a detailed list of your extracurricular activities, awards, and special recognitions.

Submit one letter of reference that can attest to your character, leadership and/or willingness to serve your community.

By completing this application for scholarship, I allow West Holt Memorial Hospital to use my name and my likeness in any and all public relations, marketing and any other activity associated with promoting this scholarship. I also verify that all the information is correct and accurate to the best of my ability. I hold harmless West Holt Memorial Hospital for any applications that are returned late for any reason by the guidance counselor of my school.

Student

Parent or Legal Guardian of the Student

Mail completed application and its required documents to:

West Holt Memorial Hospital
Attn: Marketing Department
406 West Neely Street
Atkinson, NE 68713

Letter of Reference

Completed by Student:

Name of Student: _____ High School Attended: _____

School Address: _____

Name of Counselor: _____

Completed by Reference:

Name of Reference: _____ Date: _____

Thank you for taking the time to tell us about the student. We would like to know your relationship to the student and how this student has shown the skills needed to be successful in healthcare including his/her leadership skills, community involvement or any other skills that show this student will be successful in his/her healthcare career. This form should NOT be completed by a relative of the student. ***Thank you and please return this completed form to the student's school, attention Guidance Counselor.***

Signature of Reference