West Holt Medical Services
Healthcare with a Heart

West Holt Medical Services Foundation
406 West Neely Street, PO Box 214, Atkinson, NE 68713
(402) 925-1956

WHY WE ARE OFFERING THE DOLORES BATENHORST KEATING SCHOLARSHIP



West Holt Medical Services Foundation began managing a memorial fund in 2010 established in the memory of Dolores Batenhorst Keating, one of Atkinson's most caring residents. Dolores was born in Stuart, graduated from Stuart High School and lived her entire adult life in Atkinson.

She worked for over 25 years as a Registered Nurse at West Holt Memorial Hospital. Dolores was married to John Keating for 56 years. They had eight children, Mary Rose Schaaf, Maureen Tsuchiya, Phillip Keating, Mark Keating, Patrick Keating, James Keating, Matthew Keating and Gerard Keating.

Dolores Keating was a strong supporter of local, high-quality medical care, and her family is honoring her memory by encouraging local students to help fulfill her dream by pursuing a medical degree.

The memorial fund, with generous contributions from both the family and Dolores's many friends, is managed by the West Holt Medical Services Foundation. Each year one hundred percent of the annual earnings from the invested fund will be utilized to provide three scholarships of $1,000 each to residents of Holt County pursuing a degree in the medical field, for an initial total of $3,000 per year.

The Keating family will subsidize the scholarship until the memorial fund is self-supporting and the family has set a goal to grow the memorial fund to $100,000 with the support of the community that knew and loved Dolores for many years. They are challenging those with a dream for local healthcare to contribute to this fund and help Holt County retain its current healthcare services, grow new services, and keep local medical talent here at home.

Criteria:

- Applicant must be a high school graduate of a school located in Holt County, Nebraska and the applicant must have completed high school (GED is acceptable) at the time of submitting the application
- Applicant is currently attending college pursuing a degree in a medical field
- Applicant must be a legal resident of Holt County, Nebraska
- Previous awardees are not eligible

Scholarship Applications are available from the West Holt Medical Services Foundation by visiting their website at www.westholtmed.org and clicking on the Foundation tab. You may also contact the Foundation Director Austin Hamm at 402-925-1956 or hamma@westholtmed.org for more information.

West Holt Medical Services
Healthcare with a Heart

West Holt Medical Services Foundation
406 West Neely Street, PO Box 214, Atkinson, NE 68713
(402) 925-1956

THE DOLORES BATENHORST KEATING SCHOLARSHIP
Scholarship Application ($1,000)

Dear Scholarship Applicant:

Please use the following instructions for filling out your application. Please call or email us *in advance of the deadline dates* if you have questions about the application or required attachments.

Criteria:

- Applicant must be a high school graduate of a school located in Holt County, Nebraska and the applicant must have completed high school (GED is acceptable) at the time of submitting the application
- Applicant is currently attending college pursuing a degree in a medical field
- Applicant must be a legal resident of Holt County, Nebraska
- Previous awardees are not eligible

Application Deadline: January 31

1. Gather important documents that are **required** for this application to be accepted. (*See* "**Required Attachments"** *section at the end of this application.)* **Applications missing any "Required Attachments" will not be forwarded to the selection committee**.

2. **Complete the application by typing or printing in ink.** You may attach a separate sheet for your activities and work experience, if preferred. Please include all requested information.

3. **Please sign page 3 of the application.** If you are not 18 years of age, your parent or guardian also needs to sign on page 3.

4. **Please put your "Required Attachments" in the order listed on page 3 of the application**. **One sided copies only.** Please do not staple items in your application packet and do not submit your application in a report cover or binder. Remove this cover letter before submitting your application.

5. **Applications may be dropped off at the West Holt Medical Services Foundation office or mailed. Mailed applications must be postmarked no later than the application deadline date – January 31st.** Please be aware that items placed in the mail on the deadline date may not be stamped with that date's postmark and it is your responsibility to check with your local post office regarding their postmarking practices. **Emailed or faxed applications <u>will not</u> be accepted.**

The application is submitted based on information as of the date of the application. If you are advised of the receipt of other scholarship awards, or if your financial status significantly changes after the date of this application, please notify the Foundation. The Foundation reserves the right to withdraw a scholarship previously awarded upon receiving evidence that the need as described in this application has significantly changed. If you have questions, please contact the West Holt Medical Services Foundation Director at 402-925-1956. *Good Luck!*

Sincerely,

Blake Hilkemeier
Foundation & Marketing Director

Applicant: Please fill out your name and the box at the bottom.

The Dolores Batenhorst Keating Memorial Scholarship

SCHOLARSHIP RECOMMENDATION FORM

Applicant name:_____

The above is applying for scholarships from funds administered by the West Holt Medical Services Foundation for the Dolores Batenhorst Keating Memorial Scholarship. Please complete this form or write a letter on your letterhead answering the questions below and return it by the date listed at the bottom of this form.

How long have you known the applicant? _____

In what capacity? _____

Please provide your views on the applicant. You may wish to include financial need, academic ability, suitability for the chosen field of study, character, etc.

Signature:_____ Title: _____

School/Organization/Company:_____ Date: _____

This form or a letter of recommendation should be returned to the applicant by _____
(date)

or mailed to West Holt Medical Services Foundation, PO Box 214, Atkinson, NE 68713 by January 31st ***Thank you!***

The Dolores Batenhorst Keating Scholarship
Scholarship Application

(Please check the cover letter for deadline dates, criteria and special instructions.)

Name _____

Address _____ City & Zip_____

County_____ School District in which you reside:_____

Home phone_____ Cell phone_____ Email _____

I graduated from _____High School in _____*(year)*

I am currently attending: _____
(Institution)

Cumulative Grade Point Average _____

Future intended profession: _____

Length of course (number of years): _____ Projected graduation date: _____

Estimated college costs for the next semester:

Tuition $_____

Room & Board $_____

Books/Supplies $_____

Other: _____ $_____

TOTAL $_____

List scholarships you have been awarded for the next semester and the amount:

If primary residence is with parent(s) or guardian:

Father's
Occupation _____Place of employment_____

Mother's
Occupation _____Place of employment_____

Ages of brothers and sisters living at home: _____

Number of brothers and sisters in college: _____

If applicable:

Spouse's
Occupation_____ Place of employment_____

Ages of children living at home:_____

List your participation in community and school activities: *(attach a sheet if preferred)*

List your employment history:

Employer: _____ Dates employed:_____

Kind of work:_____ ☐ Full-Time ☐ Part-Time ☐ Occasional ☐ Seasonal

Employer: _____ Dates employed:_____

Kind of work:_____ ☐ Full-Time ☐ Part-Time ☐ Occasional ☐ Seasonal

Employer: _____ Dates employed:_____

Kind of work:_____ ☐ Full-Time ☐ Part-Time ☐ Occasional ☐ Seasonal

Employer: _____ Dates employed:_____

Kind of work:_____ ☐ Full-Time ☐ Part-Time ☐ Occasional ☐ Seasonal

REQUIRED ATTACHMENTS

(*to be submitted with your application by the application deadline)*

1. Academic Ability

a. Submit a your ACT and/or SAT score.

b. Submit your most recent transcript showing courses and grades. This does not need to be an official record. If this is your first semester attending an institution, please submit a letter from the institution indicating you are enrolled.

2. **Financial Support.** Submit a brief statement indicating financial support you will be receiving from your immediate or extended family, if any.

3. **Personal Statement**
   Submit a brief personal statement of not more than 300 words, telling why you have chosen your field of study, why you selected your preferred college, and why you should be awarded a scholarship.

4. **Recommendations**
   Submit at least one (1) but not more than three (3) letters of recommendation. Please copy the attached Recommendation Form and give it to your references. Your references may submit a letter on their letterhead. Letters may be included with the application or the writer may send a recommendation directly to the Foundation. Please contact our office if you want to know if we received a letter of recommendation on your behalf.

CERTIFICATION

I HEREBY CERTIFY THAT ALL THE INFORMATION ON THIS APPLICATION FORM IS TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND IS MADE IN GOOD FAITH. I ACKNOWLEDGE THAT THE FOUNDATION RESERVES THE RIGHT TO WITHDRAW A SCHOLARSHIP PREVIOUSLY AWARDED UPON RECEIVING EVIDENCE THAT THE NEED AS DESCRIBED IN THIS APPLICATION HAS SIGNIFICANTLY CHANGED.

_____ _____

Date Applicant Signature

RELEASE

I hereby agree to permit the release of any records pertaining to scholastic achievement or extracurricular activities, including but not limited to class standing, test scores, and transcript materials to the scholarship selection committee for the West Holt Medical Services Foundation.

_____ _____

Applicant Signature Date

_____ _____

Parent or Guardian Signature (if applicant is under 18) Date

Please submit this application, recommendation forms/letters and attachments to:

West Holt Medical Services Foundation
PO Box 214, 406 West Neely Street
Atkinson, NE 68713

If you have questions regarding the scholarship application, please contact the Foundation Director at 402-925-1956 or morrowe@westholtmed.org.