

This form can be filled out electronically in Adobe Acrobat. Just fill in the fields in blue. You must still print out the form to sign, as well pages two and three (to give to the individuals you have asked for references) if they don't have Acrobat Reader.

# Educational Scholarship Application

**Deadline: March 31, 2017**

## Box Butte General Hospital

PO 810

Alliance, Nebraska 69301

Phone (308) 762-4357, ext.3425 Tammy Griffiee

Fax (308) 762-1923 [www.bbgh.org](http://www.bbgh.org)

## Personal Data

(Please Type or Print in Ink)

Date: \_\_\_\_\_  
(mm/dd/yyyy)

1. Name \_\_\_\_\_  
Last First M.I.
2. Current Address \_\_\_\_\_  
Street City County
3. Current Phone Number: \_\_\_\_\_
4. List any relative(s) employed at Box Butte General Hospital and your relationship \_\_\_\_\_  
\_\_\_\_\_
5. Are you now, or have you ever been employed at BBGH: Yes \_\_\_\_\_ No \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_
6. Describe volunteer shadowing experience(s) you have completed at Box Butte General Hospital and names(s) of supervisor. List dates and hours:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Are you currently, or will you be, receiving any additional forms of financial assistance in addition to this scholarship? (include other scholarships, grants, approved loans)  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_
8. Education History: Please list all education and year graduated.

| Educational Institution/Location     | Check Last Year Completed | Date Graduated | Diploma or Degree Earned |
|--------------------------------------|---------------------------|----------------|--------------------------|
| Last High School Attended:           | 1 2 3 4                   |                |                          |
| College, Univ., or School            |                           |                |                          |
| 1. _____                             | 1 2 3 4                   | _____          | _____                    |
| 2. _____                             | 1 2 3 4                   | _____          | _____                    |
| Business, Technical, or Trade School | 1 2 3 4                   |                |                          |
|                                      |                           |                |                          |

9. Planned program or school \_\_\_\_\_  
Anticipated career/occupation \_\_\_\_\_  
Specialty/area of interest \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

*I affirm that the answers to the foregoing questions are true and correct. I understand that Box Butte General Hospital shall not be liable in any respect if my scholarship or future employment is terminated due to false or misleading statements*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

**BOX BUTTE GENERAL HOSPITAL**  
*Safety Excellence Compassion Integrity Devotion Teamwork*

**Reference for Support of Educational Scholarship/Loan for Healthcare Application**  
**(Print off 3 reference forms)**

To the Respondent: The individual named below has applied for the Educational Scholarship/Loan for Healthcare at Box Butte General Hospital, Alliance, NE.

NAME: \_\_\_\_\_

ANTICIPATED COURSE OF STUDY (Degree Program): \_\_\_\_\_

**Please respond to the following questions by checking the appropriate box:**

1. I believe the applicant's ability to pursue a healthcare career is:  
a. Superior                      b. Excellent                      c. Good                      d. Fair                      e. Poor
2. How do you know this applicant?  
a. Student                      b. Employee                      c. Other \_\_\_\_\_
3. How long have you known this applicant? \_\_\_\_\_
4. For the following ratings, I am using this group for comparison.  
a. Other students                      b. Other employees                      c. Co-workers                      d. Other \_\_\_\_\_
5. Rate this applicant using the following scale:  
1=Below Average    2=Average    3=Above average    4=Excellent    0=Cannot Judge  
  
\_\_\_\_ initiative                      \_\_\_\_ ability to work with others                      \_\_\_\_ oral communication                      \_\_\_\_ thoroughness  
\_\_\_\_ responsibility                      \_\_\_\_ writing skills                      \_\_\_\_ attention to details                      \_\_\_\_ compassion  
\_\_\_\_ critical thinking skills                      \_\_\_\_ maturity                      \_\_\_\_ leadership                      \_\_\_\_ integrity  
\_\_\_\_ intellectual curiosity                      \_\_\_\_ ability to complete the program                      \_\_\_\_ desire to live/work in Alliance or panhandle area

**Letter of Recommendation:** Please use the back of this application or attach a separate sheet for a formal letter of recommendation that will evaluate the candidate in relation to the following: the applicant's ability to do college-level study, critical thinking skills, oral and written communication skills, compassion, responsibility, initiative, and the likelihood of living and working in Alliance after completion of the program of study.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(mm/dd/yyyy)

Type or Print Name \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Daytime Phone \_\_\_\_\_

*Please mail or bring the completed reference form and letter of recommendation to:*

**Educational Support Council**  
**Tammy Griffie, Administrative Assistant**  
**Box Butte General Hospital**  
**P.O. 810**  
**Alliance, NE 69301**

**Postmarked Deadline: March 31, 2017**  
**(Applicants must submit 3 references)**

**BBGH or BBHF Reference Letter for:**

Signature: \_\_\_\_\_