

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

Box Butte General Hospital

PO 810

Alliance, Nebraska 69301

Phone (308) 762-4357, ext.3034 Jaci Mach

Fax (308) 762-1923 www.bbgh.org

Deadline: March 30, 2018

Personal Data

(Please Type or Print in Ink)

Date: _____
(mm/dd/yyyy)

- Name _____
Last First M.I.
- Current Address _____
Street City County
- Current Phone Number: _____
- List any relative(s) employed at Box Butte General Hospital and your relationship _____

- Are you now, or have you ever been employed at BBGH: Yes _____ No _____
Dates Employed _____ Job Title _____ Supervisor _____
- Describe volunteer shadowing experience(s) you have completed at Box Butte General Hospital and names(s) of supervisor. List dates and hours:

- 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 _____

- Education History: Please list all education and year graduated.

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

- 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
Jaci Mach, Administrative Assistant
Box Butte General Hospital
P.O. 810
Alliance, NE 69301

Postmarked Deadline: March 30, 2018
(Applicants must submit 3 references)

BBGH or BBHF Reference Letter for:

Signature: _____