

About the Scholarship

Box Butte General Hospital Mid-Term Educational Scholarship offers recipients the opportunity to advance their education in a healthcare career.

Our educational scholarship program is supported by the administration and governing board in order to assist and recruit well-educated, dedicated employees for Box Butte General Hospital. Internships and employment are encouraged to expose recipients to the hospital environment and maintain connectivity to the community.

Eligibility Criteria

- Applicant must be a graduate of Alliance, Hemingford, Hay Springs, or Hyannis High School.
- Applicant must be attending a post-secondary institution and enrolled in at least six credit hours.
- Applicant must be pursuing a career in a healthcare program or degree – clinical or business/finance.
- Previous scholarship recipients are eligible to apply.

Award Amount

- \$1,500 for full-time students, \$750 for part-time students.
- Full amount paid to the institution for the second semester of the 2021-2022 school year.

Application Procedure

- Complete an educational scholarship application form.
- Obtain a current official college transcript.
- Complete a 300-500-word essay, typed and double spaced, describing a person in your life that has helped you understand yourself better. Include examples of how this person has made an impact on you. Conclude the essay with how you have understood yourself better because of these experiences.
- Provide three references on a reference form (reference forms are below). Include one form per reference.
- Submissions that do not meet all requirements will not be considered.
- **For consideration scholarship packets must be postmarked by October 29, 2021.**

Scholarship Checklist
<input type="checkbox"/> scholarship application
<input type="checkbox"/> college transcript
<input type="checkbox"/> personal essay
<input type="checkbox"/> 3 reference forms & letters of recommendation

**Please mail or email scholarship packet to
Nita Peterson.**

Email: jkpeterson@bbgh.org

Mail: Box Butte General Hospital
ATTN: Nita Peterson
PO Box 810
Alliance, NE 69301

Educational Scholarship Application

Postmarked Deadline: October 29, 2021



Date: _____

1. Name: _____
Last First M.I.

2. Current Address: _____
Street City County

3. Phone Number: _____

4. List any relatives employed at Box Butte General Hospital and the relationship: _____

5. Are you now, or have you been employed at BBGH? ☐ YES ☐ NO

Date Employed: _____ Job Title: _____ Supervisor: _____

Date Employed: _____ Job Title: _____ Supervisor: _____

6. Volunteer/Shadowing experience completed at Box Butte General Hospital:

Date: _____ Hours: _____ Supervisor: _____

Date: _____ Hours: _____ Supervisor: _____

7. Have you participated in any of BBGH's sponsored programs? ☐ YES ☐ NO

(Cadets, Summer Interns, Health Professions Club)

Program: _____ Dates: _____

8. Will you be receiving additional financial assistance in addition to this scholarship? ☐ YES ☐ NO

(Grants, scholarships, loans, etc.)

Please Explain: _____

9. Educational History:

Educational Institution/Location	Year in School	Graduation Date/ Expected Graduation	Diploma/Degree of Study
High School:			
College/University:			
1.	1 2 3 4	_____	_____
2.	1 2 3 4	_____	_____
Business, Technical, or Trade School:			
	1 2 3 4		

10. Current Program of Study: _____

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: _____

Reference Form Educational Scholarship



To the Respondent: The individual named below has applied for the Box Butte General Hospital Mid-Term Educational Scholarship. Please respond to the following questions.

Applicant's Name: _____ Degree Program: _____

1. What do you believe is the applicant's commitment to a career in healthcare?

☐ None ☐ Somewhat ☐ Average ☐ Likely ☐ Very Likely

2. What is your affiliation with the applicant?

☐ Student ☐ Employee ☐ Other: _____

3. How long have you known the applicant? _____

4. Please score the applicant's skills on a scale of 1 – 5 with 1 being the lowest and 5 being the highest:

Initiative -	Integrity -	Leadership -
Compassion -	Responsibility -	Accountability -
Thoroughness -	Professionalism -	Critical Thinking -
Teamwork -	Attention to Detail -	Writing Competency -
Oral Communication -	Commitment to the Program -	Desire to live/work in Alliance -

Letter of Recommendation:

Please attach a letter of recommendation that will evaluate the applicant in relation to the following:

Critical thinking skills

Oral and written skills

Compassion

Responsibility

Initiative

Probability of living and working in Alliance

Signature: _____ Date: _____

Institution: _____

Title/Position: _____