Educational Scholarship Application

Box Butte General Hospital
PO Box 810
Alliance, Nebraska 69301
Phone (308) 762-4357, ext.3034 Nita Peterson
Fax (308) 762-1923 jkpeterson@bbgh.org

Postmarked Deadline: 2020 TBD

Personal Data

(Please Type or Print in Ink) Date: _____

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	Circle 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: _____

BOX BUTTE GENERAL HOSPITAL/BOX BUTTE HEALTH FOUNDATION
Safety Excellence Compassion Integrity Devotion Teamwork

Reference for Support of Educational Scholarship/Loan for Healthcare Application

To the Respondent: The individual named below has applied for the Box Butte General Hospital or Box Butte Health Foundation Educational Scholarship

STUDENTS NAME:_____ DEGREE PROGRAM: _____

Please respond to the following questions by circling the appropriate letter:

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. 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 ___maturity

   ___critical thinking skills ___leadership ___integrity ___intellectual curiosity

   ___ability to complete the program ___desire to live/work in Alliance or panhandle area

Letter of Recommendation: Please attach a separate sheet for a formal letter of recommendation that will evaluate the candidate in relation to the following: 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_____

Institution_____ Title or Position_____

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

Box Butte General Hospital
Attn.: Nita Peterson Administrative Assistant
P.O. Box 810
Alliance, NE 69301

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