

Box Butte General Hospital and Box Butte Health Foundation Educational Scholarship Program

Box Butte General Hospital and Box Butte Health Foundation's educational scholarship programs offer 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, thus increasing the likelihood of future employment.

ELIGIBILITY AND REQUIREMENTS

Eligible applicants must be:

- Resident of Box Butte, Dawes, Morrill, Grant, or Sheridan Counties.
- Planning enrollment in an accredited college program leading to a degree or diploma in a healthcare occupation.
- Either a senior in high school (BBGH Scholarships) or a college student (BBHF Scholarships).

Preference is given to current or past BBGH employees. If there are no applicants with employment experience at BBGH, preference will then be given to applicants who have past membership in the following BBGH sponsored programs:

- BBGH Student Cadets
- BBGH Health Professions Club
- BBGH Summer Intern Program

Renewal: Participants are to submit their official college transcript at the completion of each semester to the Nursing Administrative Assistant. Recipients must maintain satisfactory academic status to progress in the program of study for second semester financial assistance. Funding for the second semester will be sent when these conditions are met. **Recipients may reapply for funding each year.**

- * The scholarship money is payable ½ each semester directly to the school or college. The second ½ is payable when conditions for renewal are met.

Award Amount:

10 - \$1,500 Box Butte General Hospital Scholarships to seniors or current high school graduates.
5 - \$1,500 Box Butte Health Foundation Scholarships to current college/non-traditional student.

Scholarship Checklist	
<input type="checkbox"/>	Essay
<input type="checkbox"/>	3 References
	*Reference Form & Letter for each
<input type="checkbox"/>	High School or College Transcripts
<input type="checkbox"/>	Scholarship Application

APPLICATION REQUIREMENTS FOR SCHOLARSHIPS Box Butte General Hospital and Box Butte Health Foundation

Please complete the attached application form and return it with all of the following information:

1. Essay (300-500 words)
Write a concise paper about yourself, why you have chosen a healthcare career, what this scholarship means to you, health professions club activities, relevant work or shadowing experience, and advantages of living and working in rural areas. Also include the personal and professional goals you hope to achieve in your new role as a healthcare professional.

2. Personal References
Three references are required on official reference forms (*print 3 reference forms from the link below)

*References should be from instructors/teachers or counselors who have recently advised or taught you within the past two years.

**One reference from a BBGH supervisor and/or manager if current or previous BBGH employee, in lieu of one faculty reference is recommended, if currently or previously employed (or shadowed) at the hospital.

3. Transcripts
Include a copy of your transcripts showing your academic standing to date. Transcripts must also be submitted at the completion of each semester.

Residents: Applicants must be residents of Box Butte, Dawes, Morrill, Sheridan or Grant Counties.

Please mail, e-mail or bring the above information and completed application to:

Box Butte General Hospital
ATTN: Nita Peterson, Administrative Assistant
PO Box 810
Alliance, Nebraska
69301

Submissions that do not meet all requirements are not considered eligible for award.

Deadline Postmarked: March 15, 2021

(Applicants must submit 3 references along with letters of recommendation)

Please click on the following link for an Adobe Acrobat PDF of the application/reference form. Remember to print out three copies of the recommendation form.

Educational Scholarship Application

Postmarked Deadline: March 15, 2021

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 now, or have you ever been a part of a BBGH sponsored program? (Cadets, Health Professions Club or Summer Intern):
 Yes: (please state which program): _____ Date(s) involved in program: _____ No: _____

8. 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, etc.)
 If yes, please explain _____

9. 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, University, 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: _____

Reference for Support of Educational Scholarship Application

Postmarked Deadline: March 15, 2021

To the Respondent: The individual named below has applied for the Box Butte General Hospital or Box Butte Health Foundation Educational Scholarship. Please respond to the following questions.

Students Name: _____ Degree Program: _____

- I believe the applicant's ability to pursue a healthcare career is:
A. Highly Likely B. Very Likely C. Neutral D. Unlikely E. Highly Unlikely
- How do you know this applicant?
A. Student B. Employee C. Other: _____
- How long have you known this applicant? _____
- Rate this applicants' skills using the following scale:
1. Below Average 2. Average 3. Above Average 4. Excellent 0. Cannot Judge

___ Initiative

___ Integrity

___ Leadership

___ Compassion

___ Accountability

___ Responsibility

___ Thoroughness

___ Professionalism

___ Critical Thinking

___ Teamwork Ability

___ Attention to Detail

___ Writing Competency

___ Oral Communication

___ Intellectual Curiosity

___ Commitment to the Program

___ Desire to live/work in Alliance

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

Signature: _____ Date: _____

Institution: _____ Title/Position: _____

Please mail the above information and completed application to:

Box Butte General Hospital
ATTN: Nita Peterson, Administrative Assistant
P.O. Box 810
Alliance, NE 69301
Phone: (308) 762-4357, ext. 3034