

Educational Scholarship Application

Box Butte General Hospital

PO Box 810

Alliance, Nebraska 69301

Postmarked Deadline: March 29, 2019

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

Fax (308) 762-1923

jmach@bbgh.org

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.: Jaci Mach, Administrative Assistant
P.O. Box 810
Alliance, NE 69301

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