

# CHASE COUNTY HOSPITAL FOUNDATION

## Scholarship Application

(For Graduating High School Senior, High School Graduate or Post-Secondary Student)

### Scholarship Information

1. This scholarship is for students interested in pursuing a career in the medical field. This includes study to become a physician, physician assistant, nurse practitioner, nurse (LPN or RN), medical laboratory technician, health information specialist, medical business office specialist and other careers as deemed appropriate by the Chase County Hospital Foundation Board of Directors.
2. Deadline for the scholarship application is March 15 at 5:00 PM
3. Applications may be obtained from your school guidance counselor or directly from the Chase County Hospital Foundation.
4. The scholarship application form is provided in a fillable PDF for computer use or you can print it and complete the application. If hand writing the application, please print legibly. Illegible applications will not be considered.
5. Successful applicants will be notified by mid-April.
6. If you need to obtain an application or have questions about the application, please contact Deb Hrcka @ 308-882-7290 or email: [dhcrcka@chasecountyhospital.com](mailto:dhcrcka@chasecountyhospital.com).

### Eligibility Requirements

1. Applicant must be a current High School Senior or have graduated from high school.
2. Applicants can be currently enrolled in a college.
3. Preference will be given to students who are residents of Chase County, went to Wauneta-Palisade School, or are interested in pursuing a future career opportunity at Chase County Community Hospital and Clinic.

### Application Process

1. Complete application form.
2. Attach a copy of your most recent high school transcript. If you have been enrolled in college for two or more semesters, you may provide a current college transcript.
3. Include at least one letter of recommendation not from a family member. Examples of acceptable letters would be from a teacher, employer, pastor, or community member.
4. Send application and other required documents to:  
Chase County Hospital Foundation  
Scholarship Committee  
P.O. Box 819  
Imperial, NE 69033

## CHASE COUNTY HOSPITAL FOUNDATION SCHOLARSHIP APPLICATION FORM

1. First & Last Name: \_\_\_\_\_
2. Mailing Address:  
  
Street, Road or P.O. Box \_\_\_\_\_  
  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_
3. Telephone Number: (\_\_\_\_\_) \_\_\_\_\_
4. Email address: \_\_\_\_\_
5. Current High School: \_\_\_\_\_ # of Years Attended \_\_\_\_\_
6. I have applied (or plan to attend) the following school(s) for this **upcoming fall**: *(Note: It is possible to have applied to more than one school and not been accepted at time of application for this scholarship. Please list the schools you have applied to if more than one. **However, funds will not be disbursed until proof of student enrollment is provided.** Funds will be sent directly to the college student once enrolled for application to tuition and costs)*  
  
School 1 \_\_\_\_\_  
  
School 2 \_\_\_\_\_
7. Grade Point Average (GPA): \_\_\_\_\_ (On a 4.0 Scale)  
**(Please attach most recent official school transcript)**
8. What are your educational or professional goals?
9. Financial Need: Please list any financial challenges you may have related to pursuing college education.

10. List your most important school activities, awards and academic honors:

11. List your community involvement such as service activities, community organizations or memberships.

12. Please provide a brief essay on why you are interested in a career in the medical field and what strengths you have that will help you be successful in your course of study. Limit your answer to the space provided.