

\$500 Scholarship Application Eligibility and Instructions

Who can apply?

- You must be a resident in the following Nebraska counties: Boyd, Keya Paha, Holt and Rock pursuing a degree in a medical field or allied health field.
- All ages are eligible to apply.
- Preference will be given to individuals with a desire to work in the future at West Holt Medical Services.
- You must be enrolled or accepted for enrollment in school and pursuing a course of study in the medical or allied health field.

When can I apply? You may submit an application at any time. We provide two scholarships for the fall and spring semesters. The number of scholarships awarded and the amount is subject to change without notice.

Deadline: Postmarked date April 15 and postmarked date November 15.

Please attach on a separate sheet of paper:

- List your extracurricular and community involvement activities.
- Write a summary of your educational and future career goals and employment plan after graduation.

Additional Requirements:

- Do not staple the application.
- Submit only one-sided pages.
- Indicate your initials of your name at the top right corner of each page of the application and on all attachments.
- You must show proof of acceptance OR enrollment at a college.
- Do not submit this page with your application.
- Check our website www.westholtmed.org to make sure you have the most current version of our application.

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Date: _____

Name: _____
First Name
Middle Name
Last Name

Last four digits of your social security number: _____

Address: _____
Mailing Address

City
State
Zip

Phone Number: _____

Email: _____

(If you are a minor, please provide) Name of Applicant’s Parent/Guardian: _____

(If you are a minor, please provide) Parent/Guardian’s City and State of Residence: _____

High School Graduation Year: _____

Name of High School: _____



College you attend or plan to attend: _____

Anticipated Graduation Date: _____



College’s Financial Aid Department’s Contact Information:

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Have you been awarded this scholarship previously? Yes No
If so, when? Date(s): _____

Have you been accepted to a college? If you answer yes, **please provide a copy of your acceptance letter with this application.** Yes No

Have you enrolled in a college? If you answer yes, **please provide proof of your enrollment with your application.** Yes No

Have you participated in any type of job shadowing in relation to the career you are pursuing? Yes No If you answered yes, please describe your job shadowing experience. If you answered no, please describe why you have not.

Degree(s) you intend to pursue: _____

Mail the application directly to:

West Holt Medical Services Foundation
PO Box 214
Atkinson, NE 68713

If you have questions, please do not hesitate to call the Foundation Director at 402-925-1956.

Applications that do not follow ALL instructions correctly will not be considered.

Make sure you review the instructions on page 1 of the application packet.