

Purpose

Box Butte General Hospital and Box Butte Health Foundation's educational scholarship programs offer students the opportunity to advance their education in healthcare.

Eligibility Criteria

- Applicant must be a resident of Box Butte, Dawes, Morrill, Grant or Sheridan counties.
- Applicant must either be pursuing or enrolled in a healthcare program or degree – clinical or business/finance.
- Applicants must maintain a GPA of 3.0 or higher, and college applicants must be enrolled as full-time students (12 credits).
- Applicant must express a desire to pursue employment in the service area of Box Butte General Hospital.
- Preference is given to current or past BBGH employees.
- The scholarships are merit-based, and applicants must demonstrate a financial need.

Award Amount

- Box Butte General Hospital and Box Butte Health Foundation will award 15 scholarships for \$2,000 each. Applications are available on February 1 and must be postmarked by March 1.
 - 5 high school scholarships
 - 10 college scholarships
- Each scholarship will be paid as follows: \$1,000 for the fall semester and \$1,000 for the spring semester.
- Scholarship funds may be used to cover education expenses, including tuition, books, and other fees.
- Funds are paid directly to the school in which the recipient is enrolled.
- Payment for the fall semester will be initiated on September 1st once a class schedule has been submitted. Spring semester payment will be initiated on February 1st once a spring semester class schedule and fall semester transcripts have been submitted. Please submit everything to Shadell Peterson. Contact information is below.

Application Procedure

- Complete an educational scholarship application form.
- Obtain and submit current official college or high school transcript.
- Complete a short essay describing what this scholarship would mean to you and why you chose or are interested in a healthcare career. May include: what professional goals you hope to achieve, relevant work or shadowing experience, and/or advantages of living and working in a rural area.
- Provide two letters of recommendation, each with a separate reference form below. One professional and one personal.
- Submissions that do not meet all requirements will not be considered.
- **For consideration scholarship packets must be postmarked by March 1, 2024. No exceptions.**

Submit scholarship applications to:

Box Butte General Hospital
Attn: Shadell Peterson
PO Box 810
Alliance, NE 69301

For questions:

speterson@bbgh.org
308.762.4357 ext. 3034

Educational Scholarship Application

Postmarked Deadline: March 1, 2024



Date: _____

1. Name: _____
Last First M.I.

2. Current Address: _____
Street City County

3. Phone Number: _____ E-mail: _____

4. Are you now, or have you been employed at Box Butte General Hospital? ☐ YES ☐ NO

Date Employed: _____ Job Title: _____ Supervisor: _____

Date Employed: _____ Job Title: _____ Supervisor: _____

5. Volunteer/shadowing experience completed at BBGH or another healthcare setting:

Date: _____ Location: _____ Supervisor: _____

Date: _____ Location: _____ Supervisor: _____

6. Have you participated in any of BBGH's sponsored programs? ☐ YES ☐ NO

(Cadets, Summer Interns, Health Professions Club)

Program: _____ Dates: _____

7. Current Involvement. May include: activities, contributions to the community and volunteer opportunities in which you participate, or honors, recognitions, and significant personal achievements:

8. Will you be receiving financial assistance in addition to this scholarship? ☐ YES ☐ NO

(Grants, scholarships, awards, etc.)

Source: _____ Amount: _____

Type of Assistance: _____

9. Educational History:

Educational Institution/Location	Year in School	Graduation Date/ Expected Graduation	Diploma
High School:			
Educational Institute:			
1.	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	_____	_____
2.		_____	_____

10. Program of Study or Interested Program: _____

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 Form Educational Scholarship

Postmarked Deadline: March 1, 2024



To the Respondent

The individual below has applied for a Box Butte General Hospital and/or Box Butte Health Foundation scholarship. Please respond to the following questions.

Applicant's Name: _____ Program of Study or Interested Program: _____

1. What do you believe is the applicant's commitment to a career in healthcare?
☐ None ☐ Somewhat ☐ Average ☐ Likely ☐ Very Likely
2. What is your relationship with the applicant?
☐ Student ☐ Employee ☐ Other: _____
3. What do you believe is the applicant's likelihood to live/work in Alliance?
☐ None ☐ Somewhat ☐ Average ☐ Likely ☐ Very Likely
4. How long have you known the applicant? _____
5. Please score the applicant's skills on a scale of 1 – 5 with 1 being the lowest and 5 being the highest:

Accountability -	Integrity -
Attention to Detail -	Leadership -
Communication -	Professionalism -
Compassion -	Responsibility -
Critical Thinking -	Teamwork -

Letter of Recommendation

Please include a letter of recommendation that will evaluate the applicant in relation to the following:

- Critical thinking skills
- Communication skills
- Compassion
- Responsibility
- Initiative
- Probability of living and working in Alliance

Signature: _____ Date: _____

Institution: _____

Title/Position: _____