



West Holt Medical Services Foundation

PO Box 214, 313 West Pearl Street, Atkinson, NE 68713
(402) 925-1956 ~ foundation@westholtmed.org
www.westholtmed.org ~ Facebook ~ Twitter ~ Pinterest

\$500 Scholarship Application

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. 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.

Additional Requirements:

Please attach on a separate sheet of paper:

List your extracurricular and community involvement activities. Please indicate your initials of your name at the top of the page.

Write a summary of your educational and future career goals and employment plan after graduation.

Please indicate your initials of your name at the top of the page.

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: _____

College you attend or plan to attend: _____

College's Financial Aid Department's Contact Information:

_____ Mailing Address

_____ City

_____ State/ZIP

_____ Phone Number

Indicate your initials of your name here (first, middle, last name):

Have you been awarded this scholarship previously? If so, when? Yes No

Date: _____

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

If you are enrolled in a college, skip this question.

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

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

Major/minor you intend to pursue: _____

Mail the application directly to the West Holt Medical Services Foundation: PO Box 214, Atkinson, NE 68713

ADDITIONAL REQUIREMENTS:

Please do not staple the application.

Submit only one-sided pages.

Please indicate your initials of your name at the top right corner of each page of the application and on any attachments.