

West Holt Memorial Hospital

406 West Neely Street
Atkinson, NE 68713
(402) 925-2811 Fax (402) 925-2810
www.westholtmed.org

West Holt Memorial Hospital Healthcare Scholarship

Requirements: Must be a graduating senior from either West Holt Public Schools or Stuart Public Schools that will be attending post-secondary education in a healthcare related field.

Instructions: Submit the completed coversheet, essay, as well as a comprehensive list of extracurricular activities, leadership opportunities and at least one letter of reference.

Amount: \$500.00

Return all completed application forms to the Guidance Counselor by the second Friday in April.

Name: _____ Date Completed: _____

Mailing Address: _____ City: _____ State: _____

Social Security #: _____ Telephone: _____

Post Secondary School: _____ (Circle One) Accepted: Y or N

Major: _____ Minor: _____

Grade Point Average: _____ Class Rank: _____ / _____ ACT Composite Score: _____

Complete the following and mark with an X when completed:

_____ Provide an essay of a minimum of 500 words to describe why you have chosen your intended major including areas such as your strengths, goals, volunteerism and leadership.

_____ Provide a detailed list of your extracurricular activities, awards, and special recognitions.

_____ Submit one letter of reference that can attest to your character, leadership and/or willingness to serve your community.

By completing this application for scholarship, I allow West Holt Memorial Hospital to use my name and my likeness in any and all public relations, marketing and any other activity associated with promoting this scholarship. I also verify that all the information is correct and accurate to the best of my ability. I hold harmless West Holt Memorial Hospital for any applications that are returned late for any reason by the guidance counselor of my school.

Student

Parent or Legal Guardian of the Student

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Letter of Reference

Completed by Student:

Name of Student: _____ High School Attended: _____

School Address: _____ Name of Counselor: _____

Completed by Reference:

Name of Reference: _____ Date: _____

Thank you for taking the time to tell us about the student. We would like to know your relationship to the student and how this student has shown the skills needed to be successful in healthcare including his/her leadership skills, community involvement or any other skills that show this student will be successful in his/her healthcare career. This form should NOT be completed by a relative of the student. ***Thank you and please return this completed form to the student's school attention Guidance Counselor.***

Signature of Reference