

Jennie M. Melham Memorial Medical Center

Auxiliary Scholarship Application

Description: Four (4) \$500 Scholarships will be awarded to prospective applicants who live in Custer County and plan to enter the medical field or currently pursuing a degree in the medical field, involving at least a two-year degree in a certified college, technical school or university.

Method of payment: The scholarship will be awarded to the financial aid office of the school of the recipient's choice to be used for tuition, books and on-campus expenses, such as room and board.

Application deadline: Must be Postmarked by March 1st.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you currently receiving or will you be receiving any other financial assistance?

Yes ___ No ___

Please list your present educational level by circling the most appropriate response below.

Institution	Last year completed				Date of graduation
High School	1	2	3	4	
Business/Trade School	1	2	3	4	
Nursing School	1	2	3	4	
College	1	2	3	4	
Other	1	2	3	4	

What healthcare training program do you plan to enter? _____

What healthcare training institution/college do you plan to attend?

Name of School: _____

Address: _____

City: _____ State: _____ Zip: _____

List any special training you have completed: _____

Short statement explaining why you are applying for this scholarship: _____

For more information: Contact the counselor or principal in area high schools or:

JMMMMC Auxiliary Scholarship
Rebeka Anderson, Executive Administrative Assistant
PO Box 250
Broken Bow, NE 68822
(308) 872-4124

**PLEASE SUBMIT ALL SIX (6) COMPLETED ITEMS FOR
CONSIDERATION:**

- 1. This form**
- 2. A recent photo**
- 3. Transcript of grades**
- 4. ACT or SAT scores**
- 5. Copy of current resume**
- 6. Two (2) Letters of
recommendation**

Applications must be postmarked by March 1st.

Send to: JMMMMC Auxiliary Scholarship
Rebeka Anderson
Executive Administrative Assistant
PO Box 250
Broken Bow, NE 68822

Applicant authorization:

I do hereby grant JMMMMC Auxiliary Scholarship Committee permission to contact attached references to obtain information relative to by qualifications as a candidate for this scholarship:

Signature: _____ Date: _____