

\$1,000 HEALTHCARE SCHOLARSHIP APPLICATION



Dedicated to the Improvement of Healthcare

In 1998, the Board of Directors of Bates County Memorial Hospital (BCMh) created a “Charitable Foundation” in order to provide charitable and educational services for the benefit of BCMh, its employees and the community. Bates County Community Health Foundation (BCCHF) qualifies as a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code. Contributions made to this organization are tax deductible.

MISSION STATEMENTS

Bates County Community Health Foundation has a mission to:

- Create opportunities for caring individuals and families in our area to participate in providing top-quality health care for all residents of Bates County and the surrounding area.
- Work to improve the quality and availability of health services to the Bates County area.
- Support the health and well-being of the surrounding area by connecting resources with needs in the community.
- Secure assets for the advancement of charitable, scientific and educational activities in and around the Bates County community.

BATES COUNTY COMMUNITY HEALTH FOUNDATION \$1,000 HEALTHCARE SCHOLARSHIP

Scholarship Criteria:

- Reside in Bates County
- Pursuing a career in the healthcare field
- Must be accepted in a chosen healthcare program
- Maintain a grade point average of 3.0 (**please provide a copy of transcript**)
- Good communication skills
- Essay stating why a healthcare career is being pursued
- Three letters of recommendation

Application Process:

Bates County Community Health Foundation funds the scholarship program.

Applications may be obtained from the Administration office of Bates County Memorial Hospital. Applications must be returned on or before **May 28, 2020**, to:

Administration Office
Bates County Memorial Hospital
PO Box 370
Butler, MO 64730
660-200-7072—Phone
660-200-7004—Fax
sbjerke@bcmhospital.com

Applications will be screened by the members of the Bates County Community Health Foundation. The scholarship will be awarded on or before **June 6, 2020**.

Stipulations:

- Money will be paid directly to the school or program where the recipient has been accepted.
- Scholarship funds paid \$500 per semester.
- Scholarship recipient must maintain a grade point average of 3.0 to receive the second semester money.
- Scholarship recipient must show proof of enrollment as a full-time student for the 1st and 2nd semesters.

BATES COUNTY COMMUNITY HEALTH FOUNDATION
\$1,000 HEALTHCARE SCHOLARSHIP

Name _____

Address _____

Phone _____

Male/Female _____ Date of Birth _____

College, university or educational institution where you have been accepted:

Planned program of study _____

► For the following questions, feel free to add attached lists to the application, if necessary.

1. List of organizations and offices held:

2. List school activities:

3. List any or all work experiences:

4. List community/church/volunteer activities:

5. List special honors or awards:

6. Please attach essay stating why you are pursuing a career in the health care field.

7. Why should you be considered for this scholarship?

8. Please attach 3 letters of recommendation to this application (no family members).

Signature of applicant

Date