

Jennie M. Melham Memorial Medical Center Auxiliary Scholarship

Area, Field or Subject: Medical field, involving at least a 2-year degree in a certified college, technical school or University.

Description: One \$500.00 Nursing Scholarship and 3 other medical field scholarships involving at least a 2-year degree in a certified college, technical school or University.

Number, Amount and Type of Award: One (1) \$500.00 Nursing Scholarship and Three (3) \$500.00 medical field scholarships with one (1) scholarship given preference to a current college student majoring in a medical field. Cash payments will be made directly to the school at the beginning of the school term.

Qualifications:

1. Anyone living in Custer County. They may go to school in another county but must live in Custer County. Scholarship information will be sent only to schools in Custer County.
2. Student must have a "C" average.
3. Any previous applicant may reapply.

Application Date and Deadline: Must be Postmarked by March 1st.

For information Contact:

Auxiliary President or Public Relations Director % Jennie M. Melham Memorial Medical Center

Additional Information:

Applicant shall submit all of the following to be considered for scholarship:

1. Completed Application Form
2. Recent Photo
3. Transcript of Grades
4. ACT or SAT scores
5. Copy of current resume
6. Two (2) Letters of Recommendation (i.e. from pastor, work supervisor, school faculty member, etc.)

Submit to the following address:

JMMMMC Auxiliary Scholarship
145 Memorial Drive
PO Box 250
Broken Bow, NE 68822

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
PO Box 250
Broken Bow, NE 68822
(308) 872-6891

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
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: _____