

## 2024 Judy McGuire Memorial Scholarship Application

Judy McGuire devoted 47 years of her life to her career at Cherry County Hospital as a Respiratory Therapist, Materials Management Manager, and various other positions. She was dedicated to her patients, her job and fellow team members. Respiratory Therapy was her passion and she made a lasting impression on those she cared for. Judy McGuire's family established this scholarship to honor Judy and her lifetime service to Cherry County and the surrounding communities.

### Selection Criteria

1. Applicant must have graduated or will graduate from a Cherry County High School.
2. Applicant must be enrolled at, or plan to enroll at, a college or university.
3. Applicant must have an accumulative grade point average of 3.5/4.0 or equivalent.
4. Applicant must be an employee of Cherry County Hospital or Clinic or be a relative of a said employee.
5. Applicant preference will be for a person who is pursuing a career in Respiratory Therapy.

### General Information

1. The scholarship amount is \$1000.00.
2. The scholarship will be awarded for the academic year in which the applicant applies.
3. Award notification and information will be provided by email.
4. The scholarship recipient must attend the SAF Scholarship Reception. Recipients will be honored and awards presented at that time. If the recipient is unable to attend, there must be a representative present to accept the scholarship on their behalf.
5. Incomplete or late application will not be eligible.

### Application Requirements

1. The application must be typed.
2. Please include your most current academic transcript with your application.
3. Please include **two** typed letters of recommendation from individuals familiar with your character. The letter must be dated and signed by the writer.
4. Application must be received on or before the deadline.
  - Mail application to: Sandhills Area Foundation, PO Box 444, 103 N Cherry St. Valentine, NE, 69201.
  - Hand deliver application to: Sandhills Area Foundation office drop box, 103 N Cherry Street, Valentine, NE 69201.

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Name \_\_\_\_\_

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone \_\_\_\_\_

College/University you plan to attend \_\_\_\_\_

Intended major or course of study \_\_\_\_\_

Academic year applying for: \_\_\_\_\_ Are you a current employee at Cherry County Hospital or Clinic? Yes \_\_\_\_\_ No \_\_\_\_\_ Department \_\_\_\_\_

Are you a relative of a current employee at Cherry County Hospital or Clinic? Yes \_\_\_\_\_ No \_\_\_\_\_

Relative name \_\_\_\_\_ Relationship \_\_\_\_\_

Did you, or are you, graduating from a Cherry County High School?

1. Please list all school and community activities in which you participate.

2. Please give details of work experience.

3. Please explain your career plans and / or goals after college.

4. Have you applied for or received other scholarships? Please give details.

5. Please explain your need for this scholarship.

I certify that all the information on this application is true and complete to the best of my knowledge. I understand that the financial information will be confidential, for review solely by the Sandhills Area Foundation.

Signature of Applicant \_\_\_\_\_ Date signed \_\_\_\_\_