

Cherry County Hospital and Clinic Scholarship Application

The Cherry County Hospital and Clinic scholarship was established to provide financial assistance to students pursuing higher education in the health care field. As a rural hospital, our goal is to provide opportunities for graduates to return and practice in our area. Rural healthcare is important to our community; ensuring patients are kept close to home for as much care as possible. Staying close to “home” promotes healing and is a convenience to both patients and families. The need for healthcare providers in rural communities is high and our hope is this scholarship will encourage students to return to care for the residents of Cherry County and the surrounding area.

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 has volunteered or works (worked) at Cherry County Hospital or Clinic.

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.

Cherry County Hospital and Clinic Scholarship Application

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 _____