

Annie Jeffrey Health Center Scholarship Application

Note that Scholarship must be started within 12 months of receiving notification of award.

The Foundation for Annie Jeffrey has scholarship funds available through Annie Jeffrey Health Center for high school graduates.

- \$500 scholarship for high school graduates planning attendance in program leading to a health career degree or certificate.
 - The scholarship will be paid to the program the student is attending.
 - These scholarships **will not** require a commitment to return to Annie Jeffrey Health Center to work after licensure/graduation.

Criteria for Scholarships High School Seniors or Graduates – \$500 Scholarship Application

- **Completeness and Neatness**
- **Essay (300-500 words)**
 - Explain why you have chosen a health career, why you feel you are a good candidate for the scholarship, list relevant health care-related activities (shadowing, internships and/or work experience), and what you feel are the advantages of living and working in a rural area. Also include the personal and professional goals you hope to achieve in your new role as a health care professional.
- **High School Transcript**
 - Submit official high school transcript
- **References (2)**
 - Please use high school faculty who know the applicant's academic abilities and personal characteristics. You may also use an employer and a faculty member.
 - Please be sure to include the reference's Letter of Recommendation.

General Information

- **Eligibility:**
 - a. Osceola, Shelby/Rising City, Cross County or High Plains high school graduates who are residents of Polk County and planning enrollment in an accredited college, university or technical program.

Please email (preferred) the above information and completed application to: joe.lohrman@ajmchc.org

Submission Deadline: April 15

Educational Scholarship Application

Annie Jeffrey Health Center

P. O. Box 428

Osceola, Nebraska 68651

Deadline: April 15

Phone (402) 747-2031 Fax (402) 747-1405

www.ajhc.org

Personal Data

(Please Type or Print in Ink)

Date: _____

1. Name _____
Last First M.I.

2. Current Address _____
Street City County

3. Current Phone Number: _____ Current email address _____

4. List any relative(s) employed at Annie Jeffrey Health Center and your relationship _____

5. Are you now, or have you ever been employed at AJHC: Yes _____ No _____

6. Dates Employed _____ Job Title _____ Supervisor _____

7. Describe any volunteer or shadowing experience(s) you have completed.

8. Education History: Please list all education and year graduated.

Educational Institution/Location	Circle Last Year Completed	Date Graduated	Diploma or Degree Earned
Last High School Attended:	1 2 3 4		
College or University 1. _____ 2. _____	1 2 3 4 1 2 3 4	_____ _____	_____ _____
Business, Tech, or Trade School	1 2 3 4		

9. Planned program or school _____

Anticipated career/occupation _____

Specialty/area of interest _____ Expected Graduation Date: _____

I affirm that the answers to the foregoing questions are true and correct. I understand that Annie Jeffrey Health Center shall not be liable in any respect if my scholarship or future employment is terminated due to false or misleading statements.

Signature of Applicant: _____ Date: _____

ANNIE JEFFREY HEALTH CENTER

Reference for Support of Educational Scholarship

To the Respondent: The individual named below has applied for the Educational Scholarship at Annie Jeffrey Health Center.

NAME: _____

ANTICIPATED COURSE OF STUDY (Degree Program): _____

Please respond to the following questions by circling the appropriate letter:

- 1. I believe the applicant’s ability to pursue a healthcare career is:
a. Superior b. Excellent c. Good d. Fair e. Poor
- 2. How do you know this applicant?
a. Student b. Employee c. Other _____
- 3. How long have you known this applicant? _____
- 4. For the following ratings, I am using this group for comparison:
a. Other students b. Other employees c. Other _____

b. Rate this applicant using the following scale:

1 below average 2 average 3 above average 4 excellent 5 cannot judge

- | | | |
|------------------|-----------------------------------|------------------------|
| ___ Initiative | ___ Ability to work with others | ___ Oral Communication |
| ___ Thoroughness | ___ Assignment completion | ___ Writing skills |
| ___ Compassion | ___ Attention to detail | ___ Critical thinking |
| ___ Maturity | ___ Desire to live in Polk County | ___ Integrity |
| ___ Curiosity | ___ Responsibility | ___ Leadership |

Letter of Recommendation: Please attach a letter of recommendation that will evaluate the candidate in relation to the above skills. The letter should discuss applicant’s motivation, completion of assignments, and academic abilities (if applicable) as well as personal traits.

Signature _____ Date _____

Type of Print Name _____ Institution _____

Address _____

Position _____ Daytime Phone _____

Please email (preferred) this Reference Form and Letter of Recommendation to: joe.lohrman@ajmchc.org Submission Deadline: April 15