

## **Annie Jeffrey Health Center Scholarships for community members planning a health career**

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 which include:**

- \$250 scholarships for high school seniors planning attendance in college leading to a health career degree or certificate.
  - a. The scholarship will be payable the second semester to the college the student is attending after submission of grades.
  - b. These scholarships **will not** require a commitment to return to Annie Jeffrey Health Center to work after licensure/graduation.
  - c. **NOTE: For clarification, the Annie Jeffrey Scholarship is renewable up to 4 years, making the award up to \$1,000.00. The student simply has to send us their transcripts each January they are enrolled, up to 4 years, and we will forward \$250.00 to their school.**

### **Criteria for Scholarships**

#### **a. High School Seniors or Graduates – \$250 Scholarships**

**-Application**-Completeness, neatness (typewritten or printed)

**-Essay-(300-500 words)** Why they have chosen a health career, why they are the best candidate for the scholarship, relevant health care-related activities, shadowing, internships, and or work experience, and advantages of living and working in a rural isolated area.

**-GPA**-Submit official high school transcript

**-References (3)** High School faculty who know the applicant's academic abilities and personal characteristics. Reference letter discusses applicant's motivation, completion of assignments, and academic abilities as well as personal traits.

## **INFORMATION**

### **1. Eligibility:**

- a. Osceola, Shelby/Rising City, Cross County or High Plains High School graduates or seniors in high school who are residents of the Annie Jeffrey Health Center service area and planning enrollment as a health care occupation major in an accredited college/university/technical program.

## **REQUIREMENTS for SCHOLARSHIPS from Annie Jeffrey Health Center**

Please complete the attached application form and return it with the following information:

- a. **Essay** (300-500 words)-Write a concise paper about yourself, why you have chosen a health care career, what this scholarship means to you, relevant work or shadowing experience, and advantages of living and working in a rural isolated area. Also include the personal and professional goals you hope to achieve in your new role as a health care professional.
- b. **Personal References:** **Three** personal references are required on official reference forms. **Two to three references from faculty or counselors** who have recently advised or taught you (past two years) and know your academic and personal attributes and abilities. Reference letter discusses applicant's motivation, completion of assignments, and academic abilities as well as personal traits related to communication and leadership. **One reference from a AJHC supervisor and/or manager if current or previous AJHC employee, in lieu of one faculty reference is recommended, if currently or previously employed (or shadowed) at the hospital.**
- c. **Transcripts:** Include a copy of your transcripts showing your academic standing to date. Transcripts must also be submitted at the completion of each semester.

*Please email (preferred), mail or bring the above information and completed application to:*

**Foundation for Annie Jeffrey  
Annie Jeffrey Health Center  
ATTN: Joe Lohrman, CEO  
PO Box 428  
Osceola, Nebraska 68651  
joe.lohrman@ajhc.org**

**Deadline Postmarked: 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

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## 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 \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_
6. Describe any volunteer or shadowing experience(s) you have completed at Annie Jeffrey Health Center and names(s) of supervisor. List dates and hours:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Are you currently, or will you be, receiving any additional forms of financial assistance in addition to this scholarship? (include other scholarships, grants, approved loans)  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

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, Univ., or School  1. _____  2. _____	1 2 3 4  1 2 3 4	_____  _____	_____  _____
Business, Technical, 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. Co-workers    d. Other \_\_\_\_\_
  
5. 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  
  
\_\_\_responsibility        \_\_\_writing skills            \_\_\_attention to details    \_\_\_compassion  
  
\_\_\_critical thinking skills    \_\_\_maturity                    \_\_\_leadership            \_\_\_integrity  
  
\_\_\_intellectual curiosity    \_\_\_ability to complete the program    \_\_\_desire to live/work in Polk County

**Letter of Recommendation:** Please use the back of this application or attach a separate sheet for a formal letter of recommendation that will evaluate the candidate in relation to the following: the applicant's ability to do college-level study, critical thinking skills, oral and written communication skills, compassion, responsibility, initiative, and the likelihood of living and working in Osceola after completion of the program of study.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Type of Print Name \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Please email (preferred), send or bring the completed form and letter of recommendation to:

**Foundation for Annie Jeffrey**  
**Annie Jeffrey Health Center**  
**P.O. 428**  
**Osceola, NE 68651**  
**Joe.Lohrman@ajhc.org**  
**Postmarked Deadline: April 15**