



The Bates County Community Health Foundation (BCCHF) annually awards a \$1000 scholarship (\$500 per semester).

Scholarship Criteria:

- Reside in Bates County
- Pursuing a career in the healthcare field
- Must be accepted in a chosen healthcare program
- Maintain a grade point average of 3.0 (provide copy of transcript)
- Good communication skills
- Essay stating why a healthcare career is being pursued
- Three letters of recommendation

Applications become available in April and can be found on the "Foundation" page at www.bcmhospital.com or call the Bates County Memorial Hospital Administration office at 660-200-7072.

BATES COUNTY COMMUNITY HEALTH FOUNDATION \$1,000 HEALTHCARE SCHOLARSHIP

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Application process:

Bates County Community Health Foundation (BCCHF) funds the scholarship program.

Applications may be obtained from the Administration office of Bates County Memorial Hospital. Applications must be returned on or before **May 24, 2024** to:

Administration Office
Bates County Memorial Hospital
PO Box 370
Butler, MO 64730
660-200-7072

Applications will be screened by the members of BCCHF.

Stipulations:

- Scholarship funds paid \$500 per semester.
- Scholarship recipient must maintain a grade point average of 3.0 to receive the second semester of money.
- Scholarship recipient must show proof of enrollment as a full-time student for the 1st and 2nd semesters.

**BATES COUNTY COMMUNITY HEALTH FOUNDATION
\$1,000 HEALTHCARE SCHOLARSHIP**

Name _____

Address _____

Phone _____ DOB _____

College, University or educational institution where you have been accepted:

Planned program of study _____

➤ For the following questions, feel free to add attached lists to the application, if necessary.

1. List of organizations and offices held: _____

2. List school activities: _____

3. List any or all work experiences: _____

4. List community/church/volunteer activities: _____

5. List special honors or awards: _____

6. Please attach essay stating why you are pursuing a career in the healthcare field.

7. Why should you be considered for this scholarship? _____

8. Please attach three letters of recommendation to this application (no family members).

Signature of applicant

Date