

Y O R K G E N E R A L

**HEALTH CARE
SERVICES**

**Application Packet
(High School Students)**

YGHCS, Allegra Johnson, Dr. Demuth Healthcare Scholarships

Purpose: York General Health Care Services (YGHCS) is committed to assisting individuals who are interested in completing educational programs leading to a career in a healthcare field. YGHCS together with the generosity of two private contributors; the families of Allegra Johnson and Dr. David F. Demuth, have established endowed scholarship programs for this purpose.

Selection Criteria:

1. The number and amount of scholarships being awarded is determined by the YGHCS Board of Directors and the Scholarship Committee, based on fund availability.
2. Applicant must be enrolled (or have intentions to enroll) in a Healthcare Program in the upcoming fall semester/quarter.
3. Preference will be given to applicants who either:
 - A. Have an immediate family member or are a current employee of YGHCS, York Medical Clinic (YMC), or York Surgical Associates.
 - B. Reside in York County
 - C. Attend (or previously attended) high school in York County

Application Process:

1. Be sure to check all scholarships that apply above and complete the appropriate application form(s).
2. **DEADLINE: Friday, March 15, 2013 (no exceptions)**
3. Questions may be directed to your high school Guidance Counselor, College Financial Aid Office or York General Health Care Services - Human Resources cathy.norquest@yorkgeneral.org
4. Return Application form (if handwritten, please print legibly) and letters to:
YGHCS-Human Resources, 2222 North Lincoln Ave., York, NE 68467
5. Announcement of scholarship recipients will be made via mailing prior to April 30th.
6. Scholarship funds are sent directly to the educational institution.

APPLICATION FORM



SECTION 1: Personal Data

Name: _____

Email Address: _____

Parents/Guardians: _____

Address: _____

Student's Employer: _____

Please list any immediate family members who are employed by YGHCS, York Medical Clinic, or York Surgical Associates: _____

SECTION 2: School Data

Grade Point Average: _____ Rank: _____ High School Graduation Date (year): _____

School you will attend: _____ Major: _____

Type of Professional Program (circle one):

Certificate Diploma Associate Bachelors Masters Other _____

Anticipated Graduation Date (year): _____

Have you been accepted?: yes no

Future Occupation: _____

ACT/SAT Score: _____

SECTION 3: Financial Data

List below, any scholarships that you have been awarded, the amount and whether they're renewable:

1. _____

2. _____

3. _____

4. _____

5. _____

SECTION 4: Letters of Recommendation

Please include three (3) letters of recommendation with your application upon submission. Each letter should be from one of the following: high school teacher, administrator, counselor, employer, activity/volunteer leader, or an individual with significant knowledge of the applicant's experience and involvement.

SECTION 5: Essay Questions

Please attach your essay answers to the following questions with a limit of 250 words each.

1. What course of study will you pursue at your chosen educational institution and why have you chosen this field?
2. Briefly describe the school and community activities in which you have been involved.

SECTION 6: Statement of Accuracy

I hereby affirm that all of the above/attached information provided by me is true and correct to the best of my knowledge.

Signature of Scholarship Applicant

Date

YORK GENERAL

HEALTH CARE SERVICES

Application Packet

Dr. Demuth Advanced Scholarship

Purpose: York General Health Care Services (YGHCS) is committed to assisting individuals who are interested in completing educational programs leading to a career in a healthcare field. YGHCS together with the generosity of two private contributors; the families of Allegra Johnson and Dr. David F. Demuth, have established endowed scholarship programs for this purpose.

Selection Criteria:

1. The number and amount of scholarships being awarded is determined by the YGHCS Board of Directors and the Scholarship Committee, based on fund availability.
2. Applicant must be enrolled (or have intentions to enroll) in a Healthcare Program in the upcoming fall semester/quarter.
3. Preference will be given to applicants who either:
 - A. Have an immediate family member or are a current employee of YGHCS, York Medical Clinic (YMC), or York Surgical Associates.
 - B. Reside in York County
 - C. Attend (or previously attended) high school in York County

Application Process:

1. Be sure to check all scholarships that apply above and complete the appropriate application form(s).
2. **DEADLINE: Friday, March 15, 2013 (no exceptions)**
3. Questions may be directed to your high school Guidance Counselor, College Financial Aid Office or York General Health Care Services - Human Resources cathy.norquest@yorkgeneral.org
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5. Announcement of scholarship recipients will be made via mailing prior to April 30th.
6. Scholarship funds are sent directly to the educational institution.

C.A.R.E.

Dr. David F. Demuth
Advanced Studies Scholarship

APPLICATION

***Applicant must be enrolled/accepted into an advanced studies health care program
(this scholarship is not available to high school level applicants).**

SECTION 1: Personal Data

Name: _____

Email Address: _____

Parents/Guardians: _____

Address: _____

Student's Employer: _____

Please list any immediate family members who are employed by YGHCS, York Medical Clinic or York
Surgical Associates: _____

SECTION 2: School Data

High School Attended _____ Graduation Date (year): _____

School you are attending: _____ Major: _____

Type of Professional Program (circle one):

Certificate Diploma Associate Bachelors Masters Doctorate Other _____

Anticipated Graduation Date (year): _____

Have you been accepted to a graduate program? yes no

Are you currently enrolled in a graduate program? yes no If so which program? _____

Future Occupation: _____

Grade point average, or MCAT/GRE or other standardized test score: _____

SECTION 3: Financial Data

List below, any scholarships that you have been awarded, the amount and whether they're renewable:

1. _____

2. _____

3. _____

Compassion Attention Respect Emotion

C.A.R.E.

Dr. David F. Demuth
Advanced Studies Scholarship

SECTION 4: Letters of Recommendation

Please include three (3) letters of recommendation with your application upon submission. Each letter should be from one of the following: college instructor, administrator, counselor, employer, activity/volunteer leader, or an individual with significant knowledge of the applicant's experience and involvement.

SECTION 5: Essay Questions

Please attach your essay answers to the following questions with a limit of 250 words each.

1. What course of study will you pursue at your chosen educational institution and why have you chosen this field?
2. Briefly describe the school and community activities in which you have been involved.

SECTION 6: Statement of Accuracy

I hereby affirm that all of the above/attached information provided by me is true and correct to the best of my knowledge.

Signature of Scholarship Applicant

Date