YORK GENERAL 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

C.A.R.E. Dr. David F. Demuth Healthcare Scholarship





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	n 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

Y D R K G E N E R A L HEALTH CARE SERVICES

Application Packet

Dr. Demuth Advanced Scholarship

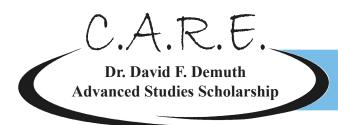
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*Applicant must be enrolled/accepted into an advanced studies health care program (this scholarship is not available to high school level applicants).

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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:				
Type of Professional Program (circle one):				
Certificate Diploma Associate Bach	elors 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 oth	er standardized test score:			

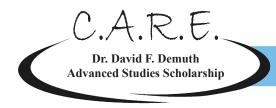
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Compassion Attention

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Respect



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