## 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

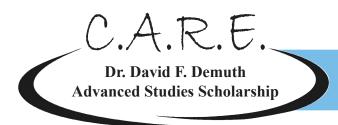
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Page 1 of 2

\*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:   |                               |  |  |  |
| 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:   |  |  |  |

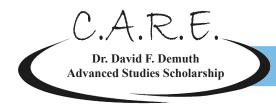
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Compassion Attention

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|----|--|
| 2. |  |
| 3. |  |
|    |  |

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