

Dr. James A. Martin Memorial Scholarship

- Sponsorship:** The scholarship(s) are funded through Schuyler Memorial Hospital Foundation, Inc. Schuyler, Nebraska.
- Purpose:** To provide scholarship assistance for eligible students preparing for healthcare careers.
- Eligibility:** Students pursuing an education in healthcare fields including, but not limited to medicine; nursing; occupational, physical, respiratory or recreational therapy; medical records; radiological technology; medical technology; nurse practitioner or physician’s assistants. Recipients must attend an accredited school, be considered full-time students by the criteria of their respective school, and have an interest and desire to serve health care needs. Applicants must already be accepted into the school or health degree program to be eligible. Previous recipients and applicants are eligible to re-apply.
- Amounts:** Scholarship (s) will be awarded annually in varying amounts not to exceed \$1,000 per recipient per year.
- Selection Criteria:** Applicants will be selected based on criteria including, but not limited to: academic performance, and letters of recommendation submitted. Preference for one scholarship will be given to an individual within Colfax County circle of services.
- Requirements:**
1. A completed application, accompanied by **two (2) letters** of recommendation must be received by the application deadline of **July 8, 2024**. *Only completed application forms will be considered.*
 2. Applicants must include a **copy of their most recent grades** based on or converted to a 4.0 scale. Students must have and maintain a cumulative GPA of 3.0 or higher on a 4.0 scale.
 3. Applicants must include a **copy of a valid government issued photo ID**.
 4. Applicants must be accepted into an accredited school and be a full-time student who has completed one year of college or a minimum of 18 credit hours.
 5. Preference may be given to Colfax County residents.
- Applications:** **Complete applications must be received by July 8, 2024, at noon. It is NOT sufficient to have materials postmarked July 8, 2024. Award notifications will be made prior to August 9, 2024.**
- Submission:** The application form is a fillable pdf file. Fill it out completely electronically, then “Save a Copy”. Note that the application requires a signature. You may provide

an electronic signature, or print out the completed application, sign it and either scan it as a pdf or mail in the printed application.

For the essay questions, please attach a separate page (or electronic document) where you have retyped the question and your answers.

Completed application forms should be sent as a pdf file to Claudia.Lanuza@chihealth.com.

Alternatively, completed printed applications and supporting documents may be mailed to:

CHI Health Schuyler
Foundation Coordinator
104 W 17th Street
Schuyler, NE 68661

Questions about the application process may be directed to Claudia.Lanuza@chihealth.com or 402-352-4075.

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2024 APPLICATION

PERSONAL INFORMATION:

Area of Study: _____

Name: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone Number: _____

School Attending: _____ Status (2nd year etc.) _____

Will you be a full-time student? _____ Anticipated Date of Completion/Graduation: _____

Are you or a family member employed by the Schuyler/Howells/Clarkson CHI Health Facilities?
Yes _____ No _____

Parents' names: _____

Past Education Information (List most recent first. Do not include anything prior to high school).

School	Address	Years Attended	Degree Received	Grade Completed

Employment History (List most recent first)

Employer	Job Title/Desc.	Beginning Date	Ending Date	Comments

I hereby certify that the above information on this form is true and correct to the best of my knowledge.

Signature of Applicant

Date

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CHI Health Schuyler
Foundation Coordinator
104 West 17th Street
Schuyler, NE 68661
402/352-4075 (Fax) 402/352-2643

Please respond to the following questions. Your response should be thorough but brief and preferably typewritten. *Please attach your responses on separate pages where you have retyped the question and your answers.*

- I. Why have you selected this health care field? What are the personal and professional goals you hope to achieve as a health care professional in your chosen field?

- II. Write a brief autobiography emphasizing such things as family and special interest. (limit to one page).

- III. Please list extracurricular activities and volunteer service in which you are, or have been involved in during the past three years, in order of importance to you.

- IV. List other scholarships received.

- V. References: Please include with this application two (2) letters of reference from employers, teachers or other professionals outside your family who can furnish information on your personal character and motivation. (If references are submitted separately, please indicate this on our application and make sure that we receive the references by the July 8th deadline. Letters can either be sent as pdf files to Claudia.Lanuza@chihealth.com or printed and sent to the address listed on page 1.) Lack of references will result in your application being removed from consideration.

Dr. James A. Martin Scholarship 2024 Scholarship Application Packet Checklist

These items must be included in your application packet to be considered. No exceptions will be allowed. If your letters of recommendation are being sent directly to the Foundation, these must be received by the July 8th deadline as well. Use this check-list to confirm your application packet is complete. *Please do not attach this form to your application.*

Your application packet must include the following:

- Application (please make sure it is signed)**
- Response to essay questions on page 2 of application** (retyped on separate pages, with answers)
- Two (2) letters of reference** (If submitted separately, please indicate this on our application, and ensure that we receive them by the July 8th deadline.)
- Copy of most recent grades** (Based on or converted to a 4.0 scale)
- Copy of valid government issued photo I.D.**

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