



MEDICAL CAREER SCHOLARSHIP PROGRAM SCHOLARSHIP APPLICATION

The Bothwell Foundation encourages area students to pursue health-related careers and return to the communities we serve to help meet health-care needs in our region. The Foundation's Medical Careers Scholarship seeks to reward high-achieving students and help them with the expenses of post-secondary education.

Eligibility requirements:

Applicant must be a U.S. citizen and a resident of the Bothwell Regional Health Center market area (Pettis and Benton County).

Applicant must have successfully completed a high school education or earned a general equivalency diploma.

Applicant must be pursuing post-secondary education in a health-care related area of study.

Applicant must have been accepted into an accredited post-secondary educational institution and be enrolled in a health-related course of study.

Scholarship Parameters:

The Bothwell Foundation will provide multiple \$500 scholarships in 2024.

The scholarship is a one-time award and is not renewable. However, a recipient may reapply for another scholarship in a succeeding school year.

Applicant may be asked to interview with the scholarship committee.

Application Deadline and Procedure:

Complete the attached application and mail (Bothwell Foundation, 601 E. 14th Street, Sedalia, MO 65301) or email it to LThiel@brhc.org by **April 30, 2024**.

Scan or take photos of the following, then send to: lthiel@brhc.org

- Completed Application
- Essay (350 word maximum - Why & what field, see end of application for further detail)
- References (2 letters of recommendation from people not related to you)
- Proof of post-secondary enrollment and acceptance

**Medical Career Scholarship Program
SCHOLARSHIP APPLICATION FORM**

Please type or print.

Personal Data:

Name: _____
Last name First Middle

Permanent Address: _____

City State Zip

Phone: (____) _____ Email: _____

Are you a U.S. Citizen? _____ Date of Birth: _____

Educational Information:

Name and address of education program to which you have been accepted:

What is your area/field of study: _____

What degree/certification are you seeking? _____

Will you be a part-time or full-time student? _____

Date of term for which funds are requested: Month _____ Year _____

Anticipated date you will receive your degree/certification: _____

Financial Expenses: Anticipated education related expenses:

Tuition and fees _____

Books and supplies _____

Transportation _____

Other (explain) _____

Total Educational Expenses _____

Educational Background:

Please list all schools you have attended and the degrees/certificates/diploma you have received. (Include high school, college(s), business/technical, and trade schools).

Name of School	Location	Field of Study	Degree	Date of Completion

References:

Please provide two letters of recommendation. References may be from former teachers, school officials, employers, neighbors, friends, or individuals not related to you.

Activities/Honors/Awards:

You may, but are not required to, include a list of your school, civic and church activities and awards along with your application.

Required Essay:

Write/type a statement (350 words maximum) answering these two questions:

1. Why have you chosen to pursue a career in the medical or health field?
2. What field are you interested in and why?

I certify that to the best of my knowledge the information contained in this application is true and correct. I understand this application will not be considered for review unless it is signed and dated.

Signature Date