



## **Hickman Excellence Award SCHOLARSHIP APPLICATION**

### **Eligibility requirements:**

- Applicant must have a financial need.
- Applicant must be entering the job market or seeking training to improve job performance in their Bothwell Regional Health Center career.
- Applicant may be seeking a certification, one-year certificate, two-year associate's degree, be working towards a four-year Bachelor's degree or beyond, or seeking to improve current career qualifications.
- Applicant may be an individual, group or department at Bothwell Regional Health Center seeking assistance to attend an educational conference or seminar. This includes bringing seminar speakers on-site to Bothwell Regional Health Center.
- Applicant must be a Bothwell Regional Health Center employee.
- Applicant must be a U.S. citizen.
- If seeking a new degree, applicant must have applied to an accredited school located in the U.S. and have been accepted.

### **Scholarship Parameters:**

- The Bothwell Foundation will award this one-time scholarship(s) annually depending on available funds.
- The awarded amount(s) will depend on applicant's need and funds available.
- Applicants may be asked to personally interview with the scholarship committee.
- If selected, scholarship recipients will be required to sign the attached contractual agreement stipulating that they will work at Bothwell Regional Health Center for an agreed-upon period of time (min. of 6 months). If the recipient does not fulfill the work agreement, he or she will be required to repay the scholarship funds within an agreed-upon time after completion of the program (not applicable for groups or departments).

### **Application Procedure:**

Complete the attached application and return it with proof of enrollment and acceptance into the post-secondary education program or conference to:

Hickman Excellence Award Scholarship Committee  
Attention: Bothwell Foundation  
601 East 14<sup>th</sup> Street  
Sedalia, MO 6530  
Email: [LThiel@brhc.org](mailto:LThiel@brhc.org)

## Hickman Excellence Award SCHOLARSHIP APPLICATION FORM

Have you ever been a recipient of a BRHC Scholarship?    Yes                  No  
Are you currently an employee/staff member of BRHC?    Yes                  No  
If not, would you be willing to sign an employment agreement with BRHC?    Yes                  No

Please type or print:

**Personal Data (if a group or department, please use the contact person's information):**

Name: \_\_\_\_\_  
                                Last name                                  First                                  Middle

Permanent Address: \_\_\_\_\_  
  \_\_\_\_\_  
  City                                  State                                  Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

Marital Status: Single: \_\_\_ Married: \_\_\_ Separated: \_\_\_ Divorced: \_\_\_ Widowed: \_\_\_

If for an individual, how many dependents will you be supporting, excluding yourself, during the year covered by this BRHC Foundation Scholarship application? Children \_\_\_\_\_ Adults \_\_\_\_\_

### **Educational Information for persons or groups applying for seminars, conferences, etc.:**

Name and topic of conference or speaker:

\_\_\_\_\_

Date of the Conference: \_\_\_\_\_

Previous conferences you have attended:

\_\_\_\_\_

\_\_\_\_\_

Who will be attending this conference?

\_\_\_\_\_

\_\_\_\_\_

Date needed: \_\_\_\_\_ Amount needed: \$ \_\_\_\_\_

SLT Representative Signature: \_\_\_\_\_

### **Educational Information: (Individuals)**

Name and address of education program you have been accepted into:

\_\_\_\_\_

Student ID Number: \_\_\_\_\_

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: \_\_\_\_\_

Do you plan to work while attending school? \_\_\_\_ yes \_\_\_\_ no \_\_\_\_ FT \_\_\_\_ PT

Type of employment? \_\_\_\_\_

**Educational Background (not applicable for groups or departments):**

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

**Required Essay:**

On an attached sheet write/type a statement answering the question: “Ja Ellen Hickman always emphasized improvement and what she as well as others could do to improve the care and overall organization here at Bothwell Regional Health Center. If you were to receive this scholarship, how would this help with improving yourself as a person, as well as your career and ultimately your success at Bothwell Regional Health Center?”

If applying for a seminar or conference as a group, please answer the question “How do you feel this conference will help improve you/your coworkers in the care you are able to give at BRHC?”

*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.*

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Signature

Date

*\*In order to finalize this application, please complete and sign the attached contract.*



## **SCHOLARSHIP AGREEMENT**

THIS AGREEMENT is made and entered into this \_\_\_\_ day of \_\_\_\_\_ 2021, by and between \_\_\_\_\_ whose address is \_\_\_\_\_ (hereinafter referred to as "Applicant") and Bothwell Regional Health Center Foundation of Sedalia, Missouri, (hereinafter referred to as "Foundation"), who are collectively referred to herein as the "Parties".

**WHEREAS**, Applicant desired to be employed by the Hospital; and

**WHEREAS**, Applicant desires educational assistance for the purpose of employment; and

**WHEREAS**, Hospital desires to provide assistance in full or part, as described herein, to the Applicant for the purpose of hiring her to the terms and conditions contained herein and the Applicant agrees to those conditions;

**NOW, THEREFORE**, in consideration of the mutual covenants and promises contained herein, and other valuable consideration, the Parties agree as follows:

1. The Applicant shall enroll in, attend, and diligently pursue and complete the following Program:

Educational Institution:  
Degree Program:  
Dates of Education:  
Total Dollars Awarded:

2. The Foundation agrees to pay dollars as stated above:
  - a. The applicant agrees to remain in the employment of Bothwell Regional Health Center for a period of six months after completing the class or certification.
3. The applicant agrees that he/she shall remain in the good standing employment of Bothwell Regional Health Center for a minimum period of six months after the successful completion of the aforescribed curriculum. In the event that the applicant fails to complete the curriculum or employment is terminated, either voluntarily or involuntarily, prior to the completion of this agreed upon period, the Applicant agrees to repay the Foundation for the aforesaid educational expenses.

**Forgiveness of the debt owed to Bothwell Regional Health Center Foundation will not begin until after the applicant has graduated, obtained any licensure required by the State of Missouri or other regulatory body.**

The repayment sum shall be calculated by:

- a. dividing the total cost of the award money by 24;
- b. subtracting the number of months worked following completion of the criteria above from 24; then
- c. Multiplying the number derived in "b", (the number of unworked months covered by this Agreement), times the monthly pro-rated sum, derived in "a".
- d. plus interest accrued on the unrepaid balance from the start of the repayment period, calculated monthly at prime plus 2% as published in the Wall Street Journal.

4. The applicant agrees that the educational costs provided in connection with this Agreement, as shown in 1.c. above, constitutes an increase in his/her professional skills and marketability and, as such, constitutes good, valuable, and sufficient consideration for this Agreement.
5. In the event the Applicant fails to abide by the terms and conditions of this Agreement, the Foundation is entitled to repayment pursuant to Paragraph 3 above. The Foundation is hereby authorized by the Applicant to offset any portion of the amount of that repayment from his/her final pay, termination, or severance check owed by Bothwell Regional Health Center to the Applicant. IN addition, if the Foundation is required to pursue reimbursement from the Applicant, the Foundation shall be entitled to reasonable attorney's fees, court costs and/or collection fees or costs associated with the enforcement of this Agreement.
6. Except to the extent that the Foundation has agreed to advance funds to the Applicant in this Agreement, the Applicant agrees to assume all and full responsibility for any and all charges, costs, and assessments, whether for tuition, fees, or other expenses associated with the course(s) contemplated to be taken by the Applicant hereunder. The Applicant further agrees to fully and completely hold the Foundation harmless therefore, and finally, agrees to be liable for any reasonable attorney's fees, court costs and collection fees incurred by the Foundation in the enforcement of this Agreement.
7. This Agreement may not be assigned by the Applicant and may only be modified (a) when in writing and (b) when signed by both the Applicant and a duly authorized agent of the Foundation.

IN WITNESS WHEREOF, the parties have entered into this agreement on the day and year first written above.

**ATTEST:**

By: \_\_\_\_\_  
**EMPLOYEE**

**ATTEST:**

By: \_\_\_\_\_  
Executive Director  
**BOTHWELL REGIONAL HEALTH CENTER FOUNDATION**