



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 2021.

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. 16th Street, Sedalia, MO 65301) or email it to LThiel@brhc.org by **May 21, 2021**.

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