DOUGLAS COUNTY HEALTH CENTER FOUNDATION, INC.
SCHOLARSHIP FUNDS APPLICATION FORM

Name of Applicant: _____ Date Submitted: _____
Address: _____ Office Phone # _____
City: _____ State: ____ Zip: _____ Personal Phone # _____
Current Employer: _____ Email Address _____
Position/Title: _____ Hire Date: _____
Number of Yrs. In Position: _____

Program Enrolled In: _____
Dates of Attendance: _____
College/Trade School Attending: _____
Number of Credit Hours Taking: _____
Tuition Cost per Credit Hour: _____

Specifically describe your academic/educational goals and commitment: _____

Specifically describe your personal career goals: _____

Specifically describe how your personal career goals will impact DCHC: _____

List any other financial assistance and the amount you received for education: _____

Signature: _____

ATTACH DOCUMENTS AS FOLLOWS:

- ☐ Resume
- ☐ Evidence of eligibility
- ☐ Copy of recent grades - *If this is a reapplication*
- ☐ Two letters of recommendation
  - ☐ One from Supervisor
  - ☐ One from academic and/or current/recent employer
- ☐ Complete FERPA

SUBMIT TO:

Scholarship Committee
c/o Douglas County Health Center Foundation
4102 Woolworth Avenue
Omaha, NE 68105-1899

Received by Health Center Administration for D.C.H.C. Foundation consideration: _____
Date

Reviewed by Scholarship Committee: _____ *Outcome:* _____
Date

Approved by DCHC Foundation Committee: 6/8/95, 8/26/10
Revised: 11/96, 2/03, 04/09, 08/10, 10/13,12/22