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

List any other financial assistance and the amount you received for education: Signature: ATTACH DOCUMENTS AS FOLLOWS: Resume Scholarship Committee	Name of Applicant:	Date Submitted:	
Current Employer: Position/Title: 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: Specifically describe how your personal career goals will impact DCHC: List any other financial assistance and the amount you received for education: Signature: Signature: ATTACH DOCUMENTS AS FOLLOWS: Scholarship Committee colo Douglas County Health Center Foundation Two letters of recommendation One from academic and/or current/recent employer Complete FERPA Email Address Hire Date: Number of Yrs. In Position: Number of Yrs. In Po	Address:	Office Phone #	
Position/Title:			
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Date	-	Date	
Reviewed by Scholarship Committee: Outcome: Date	Reviewed by Scholarship Committee: Date	Outcome:	

Approved by DCHC Foundation Committee: 6/8/95, 8/26/10

Revised: 11/96, 2/03, 04/09, 08/10, 10/13,12/22