



HARRISON COUNTY COMMUNITY HOSPITAL FOUNDATION
HEALTH CAREERS BOOT CAMP

Scholarship Application

The Harrison County Community Hospital Foundation awards a \$1,000 college scholarship to a student who participated in the Foundation's Health Careers Boot Camp.

Students must be a senior in high school or currently enrolled in a program studying medicine, nursing, or an allied health profession (such as laboratory science, pharmacy, radiology technology, rehabilitation therapy, or respiratory therapy).

Applicants must be a previous Boot Camp participant.

APPLICATION DEADLINE:
March 1, 2024





HARRISON COUNTY COMMUNITY HOSPITAL
FOUNDATION HEALTH CAREERS BOOT CAMP

Student Application

Last name: _____ First name: _____ High school: _____

Mailing address: _____

Email: _____ Phone (including area code): _____

Boot Camp Participation Year: _____

University/college/vocational school you plan to/are attending: _____

Application/admission status: Accepted Applied Not yet applied Start date: _____

Major/course of study: _____ Anticipated occupation: _____

Job shadow, work, or volunteer experience in health care (if applicable): _____

Use the space below to describe involvement in school and community activities. Attach an additional page if necessary.

School Activities, Clubs, or Student Government	Year(s) involved	Role (member, officer, etc.)

Community Involvement, Volunteer Activities	Year(s) involved	Description

School or Community Honors and Awards

Essay: Write at least 1,000 words describing how participating in Health Careers Boot Camp encouraged you to pursue a career in health care, and how Boot Camp influenced your career path. **Teacher or Guidance Counselor/College Professor or Academic Advisor** must complete the letter of recommendation and Educator Recommendation Form.

I certify that the information presented above is complete and accurate and the attached essay is my own work.

Student Signature

Date

Send applications to Harrison County Community Hospital, ATTN: Foundation Scholarships, 2600 Miller Street, Bethany, MO 64424. **Application materials must be received by March 1, 2024.**



HARRISON COUNTY COMMUNITY HOSPITAL
FOUNDATION HEALTH CAREERS BOOT CAMP

Educator Recommendation Form

TO BE COMPLETED BY A HIGH SCHOOL TEACHER OR GUIDANCE COUNSELOR/COLLEGE PROFESSOR OR ACAMEDIC ADVISOR.

Student's name: _____ How long have you known the student? _____

Educator name: _____ Teacher Counselor Other _____

Educator email: _____ Phone (including area code): _____

Student's GPA: _____

In addition to clinical knowledge and skills, a variety of personal attributes can contribute to success in a health care career. Please evaluate the student in the characteristics listed below. "Among the best" means the student is among the strongest you have encountered in your career.

Characteristic	Poor	Average	Good	Excellent	Among the best
Compassion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teamwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work ethic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Letter of recommendation: *The application requires a letter of recommendation. Please comment on any of these topics: the applicant's scholastic record, school or community involvement, leadership skills, aptitude for a career in a health care, and any personal attributes that would help the Scholarship Committee evaluate the application. Cite specific examples as appropriate.*

Send the letter of recommendation and this form directly to the Scholarship Committee at the address below.

Educator Signature

Date

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