



Tri Valley Health System Hospital Auxiliary Maxine Price Memorial Scholarship

Thank you for your inquiry regarding scholarship funds available through the Tri Valley Health System Auxiliary. The scholarship committee will accept applications only from Tri Valley Health System employees. The applicant can be either a full or part time employee who is pursuing a nursing degree.

Enclosed is an application form. Along with it, please submit: 1) your most recent transcripts; 2) a resume stating your goals and reason(s) for going into nursing; and 3) one letter of recommendation from a Tri Valley Health System Medical Professional.

Your completed application and other required documents can be submitted to Tri Valley Health System Auxiliary Scholarship Committee, C/O Jamie Vontz, PO Box 488, Cambridge, NE 69022, or email to foundation@trivalleyhealth.com.

Applications will be accepted through **April 1st**. Scholarships will be awarded in June. Scholarship recipients will be required to show proof of college enrollment by submitting a class schedule by **September 1st** of the ensuing school year.

For questions, please contact Jamie Vontz, Foundation Director, at (308) 697-1176 or send an email to foundation@trivalleyhealth.com.

I. Personal Information

Applicant Name _____ Date of Birth _____

E-mail Address _____ Phone _____

Home Address _____

Parent(s) or Legal Guardian(s) Name _____

Parent(s) or Legal Guardian(s) Address _____

Current TVHS Department _____

Short Personal History _____

II. Education Information

Education History _____

Name of High School Attended _____

Date of Graduation _____ GPA (current high school students only) _____

Name of University/College _____

Course of Study: RN or LPN _____

Anticipated Graduation Date _____ GPA (current college students only) _____

Cost of Education for One Year

Tuition _____

Room and Board _____

Books and other fees _____

Total Cost of Education _____

List Other Financial Assistance You Will Receive

Total provided by: Student _____

Parent(s)/Guardian(s) _____

Other Scholarship(s) _____

Student Loan(s) _____

Other Resources _____

Total Financial Assistance to Receive _____

Total Cost of Education for One Year _____

Less Total Financial Assistance to Receive _____

Balance Needed for Education _____

Would you consider employment at Tri Valley Health System? Yes _____ No _____

Scholarship Check List: (please included the following)

- Completed Application** **Resume Listing Goals and Reason for Pursuing Nursing Degree**
- Transcripts** **Letter of Recommendation from TVHS Professional**