



"Investing in Tomorrow, Today"

Tri Valley Medical Foundation Scholarship

Thank you for your inquiry regarding scholarship funds available through the Tri Valley Medical Foundation Scholarship program. The Foundation Scholarship committee has made the decision to accept only applications from students seeking medical careers.

We would suggest that you investigate all sources of funds for your education before applying to the Tri Valley Medical Foundation Scholarship program. Such sources would be parents, scholarships and loans available through your school, Perkins grants and federally guaranteed loans. The financial aid office at your school should help you with this process.

Applications will be accepted through **April 15th** prior to the beginning of your school year. Grants will be awarded in June.

Enclosed is an application form for your use in conjunction with the Tri Valley Medical Foundation Scholarship Fund. Please send your application to Tri Valley Medical Foundation Scholarship Committee, PO Box 488, Cambridge, NE 69022, or e-mail to foundation@trivalleyhealth.com **Please include a copy of your most recent transcript and letter of recommendation with your application and any other required documentation.**

I hope this information will be useful to you. If questions arise concerning this matter, do not hesitate to contact Jamie Mickelsen at 308-697-1176. Thank you for applying for this scholarship.

Jamie Mickelsen
Foundation Director
Tri Valley Medical Foundation
PO Box 488
Cambridge, NE 69022
308-697-1176
foundation@trivalleyhealth.com

Tri Valley Medical Foundation Scholarship

PO Box 488
Cambridge, NE 69022
308-697-1176

NAME _____ DATE _____
DATE OF BIRTH _____ PHONE # _____
E-MAIL ADDRESS _____
CURRENT ADDRESS _____
PARENT'S NAME _____
PARENT'S ADDRESS _____
SHORT PERSONAL HISTORY _____

EDUCATIONAL HISTORY _____

COURSE OF STUDY _____
EDUCATIONAL GOALS _____

SCHOOL ATTENDING _____
ANTICIPATED GRADUATION DATE _____

COST OF EDUCATION FOR ONE YEAR

TUITION _____
ROOM AND BOARD _____
BOOKS AND OTHER FEES _____
TOTAL COST OF EDUCATION _____

FUNDS AVAILABLE TO PAY FOR EDUCATION

TOTAL PROVIDED BY: STUDENT _____
PARENTS' _____
SCHOLARSHIPS AND LOANS _____

TOTAL FUNDS AVAILABLE FOR EDUCATION _____
LESS TOTAL COST OF EDUCATION _____
BALANCE NEEDED FOR EDUCATION _____

Are the goals of your education medically related? YES _____ NO _____.

Would you consider returning to the area served by the **Tri Valley Health System** and using your education to provide service to the area communities? YES _____ NO _____.

Scholarship Check List: (please included the following)

Completed Application **Letter of Recommendation** **Transcript (last school attended)**

If you have questions please contact Jamie at 308.697.1176