



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:

April 11, 2025





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.) |
|---|------------------|------------------------------|
| | | |
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| Community Involvement, Volunteer Activities | Year(s) involved | Description |
|---|------------------|-------------|
| | | |
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| | | |

| 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 April 11, 2025.**



HARRISON COUNTY COMMUNITY HOSPITAL
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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): _____

In addition to clinical knowledge and skills, a variety of personal attributes can contribute to success in a healthcare 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 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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