

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

Name of Applicant: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: Work \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home \_\_\_\_\_  
Current Employer: \_\_\_\_\_ Hire Date: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Number of Yrs. In Position: \_\_\_\_\_

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 will impact DCHC: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any other financial assistance and the amount you received for education: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

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**ATTACH DOCUMENTS AS FOLLOWS:**

- Resume
- Evidence of eligibility
- Copy of recent grades - *If this is a reapplication*
- Two letters of recommendation
  - One from Supervisor
  - One from academic and/or current/recent employer
- Complete FERPA

**SUBMIT TO:**

Scholarship Committee  
c/o Douglas County Health Center Foundation  
4102 Woolworth Avenue  
Omaha, NE 68105-1899

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Received by Health Center Administration for D.C.H.C. Foundation consideration: \_\_\_\_\_  
Date

Reviewed by Scholarship Committee: \_\_\_\_\_  
Date Outcome: \_\_\_\_\_