



**COMMUNITY MEDICAL CENTER**  
**FALLS CITY, NEBRASKA**

3307 Barada Street - P.O. Box 399 - Falls City, NE 68355-0399  
Phone: (402) 245-2428 - [www.cmcfc.org](http://www.cmcfc.org)

**APPLICATION**  
**for**  
**COMMUNITY MEDICAL CENTER**  
**BOARD OF DIRECTORS SCHOLARSHIP**

Two scholarships in the amount of \$1,000 each are awarded annually to students who are graduating from a high school in Richardson County, Nebraska or State Approved Home School. Scholarships will be awarded to those entering a two or four year college with a declared major in the healthcare field. Scholarship winners will be eligible to renew the scholarship for one (1) additional year if they maintain a 3.0 GPA and retain a healthcare major.

Applications should be completed and returned to Community Medical Center, Attn. Human Resources, PO Box 399, Falls City, NE 68355, by **April 2, 2021**.

**Please supply the following information to complete the application.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents Name: \_\_\_\_\_

College in Which Enrolled: \_\_\_\_\_

Expected College Major: \_\_\_\_\_

High School: \_\_\_\_\_

Total Number in Class: \_\_\_\_\_ Rank in class: \_\_\_\_\_

*Signature of Guidance Counselor:* \_\_\_\_\_

**ACTIVITIES: (attach one additional sheet if necessary)**

Involvement in School, Church and Community Activities: (List and state offices held)

Honors, Awards, Scholarships (academic, athletic or service)

Provide two letters of recommendation. One of the letters must be from an individual outside of the academic arena.

1. **ATTACH A ONE PAGE OR LESS NARRATIVE EXPLAINING YOUR GOALS AND WHY YOU ARE CHOOSING TO ENTER THE HEALTHCARE FIELD.**
2. **ATTACH TRANSCRIPT OF GRADES**