

**Dallam Hartley Counties Healthcare Foundation, Inc.**

**John H. Cunningham, Sr., M.D. Memorial Scholarship Fund**

**Scholarship Guidelines and Application for High School Graduating Seniors**

**Board amended guidelines 11/18/20**

**Board amended guidelines 10/20/21**

**Board amended guidelines 02//16/22**

*The Dallam Hartley Counties Healthcare Foundation supports the Dallam Hartley Counties Hospital District healthcare services by advocating for healthcare services and raising funds to enhance programs, equipment, scholarships and facilities in Dallam and Hartley Counties.*

**The Foundation’s goal for awarding scholarships**: To encourage and support upcoming high school graduates who are pursuing healthcare education with the goal of becoming qualified healthcare employees of the Dallam Hartley Counties Hospital District (DHCHD). Career needed in the Hospital District including, but not limited to LVN, RN, lab, radiology, respiratory therapy, marketing, accounting, and fund raising career.

**Application Deadlines:**

March 31,2022, noon; for fall 2022 semester

Grant Amount & Duration of Payments:

* Between $750 - $1,500 per semester
* Up to two semesters; maximum of $3,000

**Requirements of applicants:**

* Applicant must be a graduating senior from Dalhart, Hartley, Channing, or Texline High Schools or homeschooled in Dallam or Harley County and must have at least a 2.5 GPA. Your official transcript is required with your application.
* Must be pursuing a career needed in the DHCHD including, but not limited to LVN, RN, lab, radiology, respiratory therapy, marketing, and accounting and enrolling in studies toward such a degree.
* The scholarship recipient must sign a commitment to be employed in the DHCHD for a minimum of 3-months/580 hours.
* Full time students must plan to enroll in 12 hours each semester.
* Depending on covid restrictions, the scholarship winners will be required to complete 4 hours volunteer work in the DHCHD because we want you to have an introduction to the hospital district. You should email Joyce Bezner at joyceb@dhchd.org to arrange your volunteer hours.
* Scholarships are paid directly to your college account prior to the start of the semester.
* The Foundation wants to help students as much as possible. Please provide us a list of other grants or scholarships you will be receiving or have applied for but are undetermined at the time you apply. Include private funders, foundations, PELL & FAFSA. List the funder, amount of scholarship, number of years that will be paid, etc.
* Incomplete applications will not be considered. Failure to provide the required attachments will disqualify the applicant.

**Attachments required:**

* Completed application
* Your most current transcript is required. This needs to be an official transcript & sealed.
* Two letters of recommendation from a teacher, counselor, principal, church leader, employer, 4-H or FFA club leader, or any other leadership person in your life. Address and deliver these letters to the DHC Healthcare Foundation with your application or have them emailed to joyceb@dhchd.org. Or mailed to the DHC Healthcare Foundation at 1411 Denver Avenue, Dalhart, TX 79022.

**Dallam Hartley Counties Healthcare Foundation, Inc.**

**Scholarship Application for High School Seniors**

**Application Deadline:** March 31, noon

**Deliver completed application** to the DHC Healthcare Foundation office in Coon Memorial Hospital, room 238, Joyce Bezner, 806-268-2284 mobile, due to current covid restrictions, call for directions.

**Personal Information**

Name: Click here to enter text.

Address: Click here to enter text.

Student’s cell phone number: Click here to enter text.

Parents Name(s): Click here to enter text.

Parent(s) cell phone number(s): Click here to enter text.

Emergency contact number if not living with parents (spouse, roommate, relative): Click here to enter text.

High School Grade Point Average: Click here to enter text.

Name of College or University you plan to attend: Click here to enter text.

Location of College or University: Click here to enter text.

Area of Study: Click here to enter text.

Degree Goal: Click here to enter text.

Date you expect to enroll: Click here to enter text.

Employer: Click here to enter text.

Supervisors name and cell phone: Click here to enter text.

Dallam Hartley Counties Healthcare Foundation, Inc.

Scholarship Guidelines and Application for High School Graduating Seniors

Name of Applicant: Click here to enter text.

1. List the activities (clubs, athletics, band, etc.) you participated in while in high school. Include any leadership position(s) you have held in those activities. This table is a guide for your convenience, if you already have a document you may substitute yours.

|  |  |  |
| --- | --- | --- |
| **Club, athletics, band, etc.** | **Activity & Leadership** | **Dates or time period** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Dallam Hartley Counties Healthcare Foundation, Inc.

Scholarship Guidelines and Application for High School Graduating Seniors

1.Name of applicant: Click here to enter text.

2. In 250 words or less, please explain your goal of pursuing a healthcare career. How have you prepared for entering college? What motivates you to work in rural healthcare?

3.The Foundation provides these scholarships to encourage students to become employed in the DHCHD. Are you committed to stay in Dalhart to work in the DHCHD? If you are awarded a scholarship, we will ask you to sign a letter of agreement for a minimum of 3 months/580 hours of employment.

4. Please explain any financial needs you may have for attending college. How do you and your family plan on funding your college education. (250 words or less)

 5. If you have a job, please explain what you do and how many hours per week you work.

6. Please attach a sealed copy of your official high school transcript.

7. Please attach two (2) letters of recommendation from a teacher, counselor, principal, church leader, employer, 4-H or FFA club leader, or any other adult leader in your life.