Bothwell Foundation
GENERAL SCHOLARSHIP APPLICATION

Eligibility requirements:
- Applicant must have a financial need.
- Applicant must be entering the job market or seeking training to improve job performance in their Bothwell Regional Health Center career.
- Applicant may be seeking a certification, one-year certificate, two-year associate's degree, be working towards a four-year Bachelor's degree or beyond, or seeking to improve current career qualifications.
- Applicant must be a U.S. citizen.
- If seeking a new degree, applicant must have applied to an accredited school located in the U.S. and have been accepted.
- Applicant must be in good standing at Bothwell Regional Health Center.
- Applicant must be a Bothwell Regional Health Center employee.
- Priority will be given to non-nursing employees

Scholarship Parameters:
- The Bothwell Foundation will award this one-time scholarship(s)
- The awarded amount(s) will depend on applicant's need and funds available.
- Applicants may be asked to personally interview with the scholarship committee

Application Procedure:
- Complete the attached application and return it by **June 30, 2025** with proof of enrollment and acceptance into the education program.
- Attach to this application a copy of your high school transcript and any college transcript.
- Attach a letter of explaining why you are pursuing further education, how it will enhance your current job performance or prepare you for advancement, and your financial need.
- Mail application or deliver to the Bothwell Foundation:
    Bothwell Foundation
    Attn: Scholarship Committee
    601 East 14th St.
    Sedalia, MO 65301
    Email: LNakagawa@brhc.org

Revised 2025

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SCHOLARSHIP APPLICATION FORM

Personal Data:

Name:_____

               Last name   First   Middle

Permanent Address: _____

             _____

           City   State   Zip

Phone: (___)_____ Email: _____

Are you a U.S. Citizen? _____ Date of Birth: _____

Educational Information:

Name and address of the education program to which you have been accepted:

_____

Student ID #: _____

What is your area/field of study? _____

What degree/certification are you seeking? _____

Will you be a part-time or full-time student? _____

Date of term for which funds are requested: Month _____ Year_____

Anticipated date you will receive your degree/certification: _____

Educational Background:

Please list all schools you have attended and the degrees/certificates/diploma you have received. (Include high school, college(s), business/technical, and trade schools).

Name of School	Location	Field of Study	Degree	Date of Completion

References:

Please provide two letters of recommendation. References may be from former teachers, school officials, employers, neighbors, friends, or individuals not related to you.

Required Essay:

Write/type a statement (350 words maximum) answering this question:

- Attach a letter of explaining why you are pursuing further education, how it will enhance your current job performance or prepare you for advancement, and your financial need.

I certify that to the best of my knowledge the information contained in this application is true and correct. I understand this application will not be considered for review unless it is signed and dated.

_____

Signature   Date