



TRI VALLEY MEDICAL FOUNDATION SCHOLARSHIP

The Tri Valley Medical Foundation Scholarship began early in the 1970's when a patient of long-time doctor, R. R. Morgan, wanted to provide a lasting contribution to the hospital. At that time, loans were provided for the education of students interested in pursuing advanced education in a medically related field. The program became known as the William H. Druse Scholarship and the students repaid the loan with nominal interest unless they returned to Cambridge to provide service to the hospital and community for two years. Once that requirement was met, the loan was forgiven.

The success of this program was quickly realized, and the principal grew through subsidies from the Kitty M. Perkins Foundation and by the repayment of the loans from students who did not return to serve Cambridge.

In 1995 the repayment requirement was dropped. The Board of Trustees of Tri Valley Health System then entrusted the scholarship program to the Tri Valley Medical Foundation.

APPLICATION CRITERIA

Eligibility criteria for these scholarships are as follows:

- Recipients shall be graduating high school seniors or currently enrolled post-secondary students pursuing a healthcare related degree at an accredited university, college, or community college.
- Recipients shall have attended high school and/or currently reside in the Southwest Nebraska area.
- Preference shall be given to applicants who have an intent to remain in or return to the Southwest Nebraska area.
- Prior-year recipients may reapply for a scholarship and shall be considered on the same basis as other applicants.



TRI VALLEY MEDICAL FOUNDATION SCHOLARSHIP

NAME: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PARENT(S)/GUARDIAN(S): _____

SPOUSE (if applicable): _____

HIGH SCHOOL: _____

GPA (current high school students only): _____ GRADUATION YEAR: _____

NAME OF COLLEGE OR UNIVERSITY IN WHICH YOU PLAN TO ENROLL, OR ARE
CURRENTLY ENROLLED: _____

INTENDED MAJOR/DEGREE: _____

EXPECTED GRADUATION DATE: _____ GPA (current college students only): _____

ON A SCALE OF 1-5 (5 being most likely), HOW LIKELY ARE YOU TO RETURN TO WORK AT TRI
VALLEY HEALTH SYSTEM: _____

PLEASE ATTACH TO THIS APPLICATION:

1. What is your current involvement (may include activities, contributions to the community and volunteer opportunities in which you participate, or honors, recognitions, and significant personal achievements)?
 2. What work or volunteer experience have you had that is healthcare related?
 3. Give a short summary as to why you chose or are interested in this type of healthcare career.
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OTHER ATTACHMENTS REQUIRED:

1. TRANSCRIPT OF HIGH SCHOOL OR COLLEGE GRADES.
2. PROFESSIONAL LETTER OF RECOMMENDATION.

Applications are due by April 1st to Tri Valley Medical Foundation:

foundation@trivalleyhealth.com

PO Box 488

Cambridge, NE 69022

308.697.1176