

# Columbus Community Hospital VolunTEEN Scholarship Application

Date: \_\_\_\_\_

## Personal Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Email

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

## Education

\_\_\_\_\_  
High School Attended

\_\_\_\_\_  
Years Attended

\_\_\_\_\_  
College Attended

\_\_\_\_\_  
Year(s) Attended

\_\_\_\_\_  
Current GPA

College(s) to which you have been accepted

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Columbus Community Hospital Volunteer Information

\_\_\_\_\_  
Total Volunteer Hours at Columbus Community Hospital

\_\_\_\_\_  
From (date)

\_\_\_\_\_  
To (date)

## **Essay**

Please write an essay for your application based on the four questions and prompts below. Your response to each question/prompt should not exceed 150 words. Attach a typed copy of this essay to your application.

Questions/Prompts:

1. *What course of study do you plan to pursue and why?*
2. *What personal and professional goals do you hope to achieve in your chosen field?*
3. *Based on the extracurricular activities, work experiences and volunteer service, which of these activities have been most rewarding for you and why? Please include any leadership roles and awards you received through this activity, work experience or volunteer service.*
4. *Write a brief autobiography emphasizing your family and special interests.*

## **Paid Work Experience**

Please attach a typed list of your paid work experience – full or part-time – using the following criteria:

*Employer      Employment Dates      Position Held/Responsibilities      Hours per Week*

## **Awards and Honors Received**

Please include a typed list of awards and honors you have received using the following criteria:

*Award/Honor      Date Received*

## **Organization Membership and Community Activities**

Please list your membership activities that demonstrate leadership, teamwork and good citizenship – including both school extra-curricular and community service activities – using the following criteria:

*Activity      Years      Position(s) held, leadership roles, activities completed, etc.*

## **References**

Please provide three letters of reference from employers, teachers or other professionals outside of your family who can furnish information on your personal character and motivation. References may be collected by the applicant and turned in with the completed application or mailed directly to the address below. Applicants are responsible for making sure all references have been received prior to the application deadline date.

*Applications without three references will not be considered.*

## **Transcript**

Please include with this application a certified copy of your most recent high school or college transcript.

## **VolunTEEN Service**

Please include with this application an official report of volunteer hours which must be obtained from the Volunteer & Guest Services office. The applicant is responsible for accurately tracking volunteer hours and verifying that service hours have been recorded. *To obtain the official report, contact the Volunteer & Guest Services office at (402)562-4791.*

## **Certification**

Your signature on this application authorizes Columbus Community Hospital and the Scholarship Committee to examine your academic and personal records and certifies the accuracy of the information you have provided.

**Evaluation**

Each application is evaluated and rated by a Scholarship Committee comprised of Columbus Community Hospital volunteers. The application is individually weighted on six criteria (Columbus Community Hospital attendance, organization and community involvement, leadership qualities, future goals, academics or work experience and total number of approved VolunTEEN service hours) for a maximum of 100 points. Applicant's combined points from each of these six criteria determine their scholarship award amount.

Unsigned or incomplete applications will not be considered.

The Scholarship Committee and/or Columbus Community Hospital Volunteer & Guest Services Department staff reserve the right to adjust/over-ride requirements as deemed necessary.

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Applicant's Signature

Date

Return by **March 29, 2024** to:  
Columbus Community Hospital  
Attn: Volunteer & Guest  
Services 4600 38<sup>th</sup> Street  
Columbus, NE 68601