

APPLICATION FORM

APPLICATION DEADLINE: POSTMARKED BY MAY 23, 2025

The Nebraska Hospital Association Research and Educational Foundation (NHAREF) health care career scholarship is a competitive process. All eligible applicants will be evaluated by the NHAREF Board of Directors using a standardized scoring system. All eligible applicants may not receive funding. It is the applicant's responsibility to ensure that all components of the application are complete and accurate. Incomplete or applications received after the deadline will be deemed ineligible. Please refer to the application checklist on the last page of this application form.

Please Print or Type (Note: form is fillable)

STEP 1: SCHOLARSHIP SELECTION

Indicate the graduate or undergraduate degree program and the college or university to which you are currently enrolled or to which you have been accepted and also indicate the specific name of the program enrolled (i.e. MHA, MBA, MSN, DPh, RN to BSN, Radiologic Technologist Program, Medical Laboratory Technologist Program, etc.) Preference is given to clinical areas of study.

☐ **Graduate Studies Program** (Specify program name) _____

☐ **Undergraduate Health Care Program** (Specify program name) _____

Applicant Name

Telephone Number + Area Code

E-mail

COMPLETE Home Address, City, State, Zip

STEP 2: EDUCATION RECEIVED TO DATE

Degree(s), Certification(s) or Registration(s) Earned

Have you been awarded an NHA scholarship before? ☐ Yes ☐ No If 'Yes', what year? _____

LETTER OF ACCEPTANCE INTO PROGRAM

IMPORTANT! Applications received without a letter of acceptance or not including all required information will be considered ineligible. It is the responsibility of the applicant to contact his/her educational institution for this information.

The letter of acceptance must contain verification that the applicant has been accepted into the academic program, including the **applicant's name and student ID number. It must also contain the contact name, title and complete address of the academic institution where the scholarship check will be sent should you be selected.** Please verify the address to assure it is sent to the Financial Aid Office.

Scholarship monies are sent directly to the academic institution requiring an accurate address to ensure the monies are credited to the recipient's account in a timely manner. Scholarship funds may be used for student's tuition, fees, books, supplies, equipment or other expenses required for the student's instructional courses during the academic year.

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STEP 3: EDUCATIONAL INSTITUTION

Applicant Name

Student ID#

Applicant must be enrolled in an academic institution from one of the following states: Nebraska, Iowa, Kansas, Missouri, South Dakota, North Dakota or Minnesota. Online programs must have a presence in one of those states.

List COMPLETE Name of Academic Institution, Including Address, City, State, Zip

Financial Aid/Business Office Phone Number

Program Start Date

Projected Graduation Date

STEP 4: EMPLOYMENT

Applicant is employed at an NHA member hospital *

☐ Yes ☐ No (*ineligible*)

Include documentation from your employer that states your hire date. This may be a separate document or the required Letter of Recommendation in Step 5 may include hire date.

Hire Date

You must be employed by an NHA member hospital for at least 1 year (12 months).

COMPLETE Name, Address, City, State, Zip of Employer (NHA Member Hospital)

Employer Telephone

Name and Title of Supervisor

STEP 5: LETTER OF RECOMMENDATION

Include a letter of recommendation from your hospital CEO or your direct supervisor.

This letter can include your hire date. This letter may also take place of one reference if it is from your direct supervisor.

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STEP 6: PERSONAL STATEMENT

On a separate sheet and **TYPED (NO HANDWRITTEN PERSONAL STATEMENTS)**, complete your brief personal statement in 300 words or less describing your:

- Decision to work in health care
- Health care career goals

** Personal statements will be reviewed for content, punctuation, spelling and grammar.*

STEP 7: REFERENCES

Two (2) reference letters are REQUIRED. One reference MUST be from your direct supervisor or CEO.

References must not include family members. Reference letters must be included with this application form when submitting to NHA for consideration. References should NOT send their letters directly to the NHA; the student applicant is responsible for gathering all necessary information and submitting it to the NHA as one application package. (PDF format sent via email is required).

STEP 8: APPLICANT INFORMATION

Is your application complete? Verify you have included all required items per the checklist on page 4.

- **Email your completed application to Chloe Ekberg (cekberg@nebraskahospitals.org)**
- **In the subject line, please include “NHA Scholarship — [YOUR FULL NAME]”**

Applications and references must be postmarked by May 23, 2025. Applications received after this date and/or incomplete applications will be deemed ineligible. Questions regarding the application and selection process should be directed to Chloe Ekberg at cekberg@nebraskahospitals.org or call (402) 742-8140.

Applications are reviewed by the NHA Research and Educational Foundation board of directors and scholarship recipients are selected by the end of June each year. Applicants will be notified by the middle of July regarding their status in the selection process. Scholarship funds will be disbursed to the educational institution by the middle of August, with the intention for use beginning with the fall semester.

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STEP 8: APPLICANT SIGNATURE

I certify that the information contained in this application is true, complete and correct to the best of my knowledge and that all funds will be used for tuition expenses and academic fees in the current academic year. I hereby authorize the release of personal, scholastic and financial information related to my educational status from the academic institution in which I am enrolled currently, to the Nebraska Hospital Association Research and Educational Foundation (NHAREF).

In the event of my resignation from employment at an NHA member hospital prior to selection of the scholarship recipients and the subsequent distribution of the award monies to the educational institution, I accept that I am immediately declared ineligible unless I can supply the NHAREF with documentation of employment at another NHA member hospital.

I authorize _____ do not authorize _____ (check one) NHAREF to release my name, employer and course of study in a press release to Nebraska media outlets if I am awarded the scholarship.

I certify that my grades are in satisfactory standing and understand that if I do not keep this satisfactory standing, I may have to forfeit the award monies.

Signature of Applicant	Date
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CHECKLIST: IS YOUR APPLICATION COMPLETE?

** Incomplete applications will be ineligible.*

✓ COMPLETE	REQUIRED COMPONENTS
	Did you fill out each box of requested information completely?
	Documentation from hospital stating you have been employed for at least 1 year/12 months is attached.
	Program acceptance letter from your educational institution.
	Program acceptance letter contains student ID# and the complete institution name and address of where to send award monies if selected.
	A typed Personal Statement enclosed reflecting personal reason(s) for choosing health care as a career and including your professional goals.
	TWO completed reference letters. One reference must be from your direct supervisor or CEO. Please note: the student applicant must collect the reference letters and include with the application submission. References should NOT submit their reference letters directly to the NHA.
	Application signed and dated.
<p>It is the applicant's responsibility to ensure that all components of the NHA Research and Educational Foundation scholarship application process are complete and all required documents are received by the deadline. This checklist is provided to assist the applicant. Failure to submit a completed application will result in the application being deemed ineligible.</p> <p>It is recommended that you retain a copy of the completed application for your records.</p>	