Tri Valley Medical Foundation
Scholarship Committee

PO Box 488
Cambridge NE 69022

Thank-you for your inquiry regarding scholarship funds available through The Tri Valley Medical Foundation Scholarship program. The Foundation Scholarship committee has made the decision to accept only applications from students seeking medical careers. We are most happy to accept your application.

We would suggest that you investigate all sources of funds for your education before applying to the Tri Valley Medical Foundation Scholarship program. Such sources would be parents, scholarships and loans available through your school, Perkins grants and federally guaranteed loans. The financial aids office of your school should help you with this process.

Applications will be accepted through May 28 prior to the beginning of your school year. Grants are awarded at the annual meeting of the Scholarship Committee held the first week in June of each year.

Enclosed find an application form for your use in conjunction with the Tri Valley Medical Foundation Scholarship Fund. Please send your application to Beth Siegfried, Tri Valley Medical Foundation Scholarship Committee, PO Box 488, Cambridge, NE 69022. **Please include a copy of your transcript with your application.**

I hope this information will be useful to you. If questions arise concerning this matter, do not hesitate to contact Beth Siegfried at 697-1520.

Sincerely,

W.E. Shoemaker
Treasurer
Tri Valley Medical Foundation Scholarship Committee

Tri Valley Medical Foundation
Scholarship Committee

PO Box 488
Cambridge NE 69022
308-697-1520

NAME_____DATE_____
DATE OF BIRTH_____
SOCIAL SECURITY #_____PHONE #_____
CURRENT ADDRESS_____
PARENT'S NAME_____
PARENT'S ADDRESS_____
SHORT PERSONAL HISTORY_____
_____
_____
_____
EDUCATIONAL HISTORY _____
_____
_____
COURSE OF STUDY_____
EDUCATIONAL GOALS _____
_____
_____
SCHOOL ATTENDING _____
ANTICIPATED GRADUATION DATE _____

COST OF EDUCATION FOR ONE YEAR

TUITION _____
ROOM AND BOARD _____
BOOKS AND OTHER FEES _____
TOTAL COST OF EDUCATION _____

FUNDS AVAILABLE TO PAY FOR EDUCATION

TOTAL PROVIDED BY: STUDENT _____
PARENTS _____
SCHOLARSHIPS AND LOANS
FROM SCHOOL EXCEPT
GUARANTEED LOANS _____
GUARANTEED STUDENT LOANS _____

TOTAL FUNDS AVAILABLE FOR EDUCATION_____
LESS TOTAL COST OF EDUCATION _____
BALANCE NEEDED FOR EDUCATION _____

Are the goals of your education medically related? **YES**_____ **NO**_____

Would you consider returning to the area served by the **Tri Valley Health System** and using your education to provide service to the area communities?
YES_____ **NO**_____