



Robert P. Goodwin Scholarship Program

The Robert P. Goodwin scholarship is available to third year college students who are enrolled in a healthcare program and plan to return/move to the Nebraska panhandle region for employment upon completion of their academic program.

One scholarship in the amount of \$500 will be awarded to the applicant deemed most deserving as determined by the Health Center Foundation Scholarship Selection Committee.

Applicants must complete the attached Scholarship Application and Affidavit and submit along with all the required attachments (see Part 2) to:

Health Center Foundation
Julie Shoemaker
1000 Pole Creek Crossing
Sidney, NE 69162

The DEADLINE to apply is March 31, 2024

All decisions are final and based on an objective and nondiscriminatory basis.



Part 1 Scholarship Application

APPLICANT INFORMATION	Date
Name:	
Last	First
Address:	
Street	City
State	Zip
Phone Number:	
Daytime	Evening
Date of Birth:	
U.S. Citizen (circle one):	Yes No

EMPLOYMENT INFORMATION
Employed By:
Address:
Street
City
State
Zip
Phone Number:
No. of hours worked per week:
Job Title/Description:
Supervisor's Name:

VOLUNTEER EXPERIENCE (Please list)
1)
2)
3)
4)



SCHOOL INFORMATION

Name of Educational Institution Attending:			
Address:			
Street	City	State	Zip
Status (circle one):	Full Time	Part Time	
Academic Year (circle one):	first	second	third fourth OTHER:
Overall GPA:	Expected Year of Graduation:		
Degree or Certification Program:			

AFTER GRADUATION INTENTIONS

Do you intend to practice in the Nebraska Panhandle region upon completion of your academic program? (circle one): Yes No
If no, where do you intend to practice?
Type of practice setting, where you intend to work (i.e., Hospital/Clinic):

COMMUNITY SERVICE/ACTIVITIES:



Part 2 Attachments

In addition to the scholarship application, you must submit the following documents:

1. Photocopy of your current course schedule from the academic institution you are attending.
2. Photocopy of your transcript.
3. A brief typed biography of your academic/professional past and academic/professional goals.

Part 3 Affidavit

FOR ALL APPLICANTS

I understand that I must be a full or part-time student to receive a Thayer Family Scholarship from the Health Center Foundation. Under the penalties of perjury, I do solemnly affirm that all information provided pertaining to this application, herein stated or provided separately, is true to the best of my knowledge and belief.

I accept the responsibility of notifying the Health Center Foundation of any change from that stated in this application to my academic or career goals. I agree to make this notification immediately, in writing. **I understand and agree that if I choose not to return/move to the Nebraska panhandle region for employment in the healthcare field upon completion of my academic program, OR, if I do not fulfill the two-year minimum commitment of employment in this area (Nebraska panhandle region), I must return the full amount of the scholarship awarded to me by the Health Center Foundation.**

Signature of Applicant

Date