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# Thayer Family Scholarship Program

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The Thayer Family Scholarship is available to college students who are enrolled in a nursing, medical or clinical program, and plan to stay/return/move to the Nebraska panhandle region for employment (for a minimum of two years) upon completion of their academic program.

Two scholarships, in the amount of \$1,000 each, will be awarded to the applicants deemed most deserving as determined by the Health Center Foundation Scholarship Selection Committee.

Applicants must complete the attached Scholarship Application and Affidavit and submit your application materials directly via email to [jshoemak@sidneyrhc.com](mailto:jshoemak@sidneyrhc.com). Please include any required documents as attachments and use the subject line: "Thayer Family Scholarship [Your Full Name]."

We look forward to reviewing your application.

**Health Center Foundation**  
**Julie Shoemaker**  
**1000 Pole Creek Crossing**  
**Sidney, NE 69162**  
[jshoemak@sidneyrhc.com](mailto:jshoemak@sidneyrhc.com)

**The DEADLINE to apply is April 5th, 2026 at 5:00 PM.**

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



## Part 1 Scholarship Application

APPLICANT INFORMATION	Date
Name:	
Last	First M.I.
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**

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




## **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.**

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Signature of Applicant

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Date