

**ROBERT LEE "BOB" BROVERMAN SCHOLARSHIP PROGRAM**  
**GRANT APPLICATION**  
Information Sheet

**Applications:** Applications are available at the following high school guidance offices: Pana, Cowden, Ramsey, Nokomis, and Assumption or Pana Community Hospital.

**Scholarship Amount:** One scholarship per academic year in the amount of \$5,000 will be awarded.

**Purpose:** To give financial aid to students who are seeking education in a medical related field.

**Applicant Eligibility:**

- Applicants must be high school seniors enrolling in college to obtain a nursing, a medical degree or a degree in any other health related field.
- Priority will be given to individuals who have an interest in practicing or being employed at Pana Community Hospital.
- Scholarship awardees/or recipients are encouraged to send a written thank you to the Scholarship Program Donor, Robert Lee "Bob" Broverman.

**Criteria for Selection:**

- The Scholarship Committee appointed by the Board of Directors of Pana Community Hospital shall select the scholarship recipient based upon the criteria outlined in the Scholarship Program Agreement and the Scholarship Application.

**Procedure for Selection:** Completed applications are submitted to Pana Community Hospital Board of Directors for consideration by the scholarship committee. The committee selects the recipient who is then notified of their award. Mail completed applications to:

Robert Lee Broverman Scholarship Program  
Pana Community Hospital  
Attn: Manager Human Resources  
101 East Ninth Street  
Pana IL 62557

**ROBERT LEE "BOB" BROVERMAN SCHOLARSHIP PROGRAM APPLICATION**

Name \_\_\_\_\_

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

Permanent address \_\_\_\_\_

School Phone \_\_\_\_\_

School address \_\_\_\_\_

Date of birth \_\_\_\_\_

Marital status \_\_\_\_\_

**Household Income**

All income figures should be gross income as recorded on current income tax forms. List all adult members of your household and supply current **Federal 1040 form (Required -- first 2 pages only)** for yourself and parents/guardians.

Name	Relationship to You	Gross Income
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of brothers or sisters \_\_\_\_\_ Ages \_\_\_\_\_

Number of dependent children \_\_\_\_\_ Ages \_\_\_\_\_

Are any of these currently enrolled in school beyond high school? If so, where?

Who is the primary contributor to your support? \_\_\_\_\_

List any other sources of income (social security, pension, contributions of family members, child support, scholarships, grants, etc.) a copy of any financial award letter received from college or university attended must be included with application.

**Financial Information**

How do you plan to finance your education and living expenses for the current school year?

Item	Estimated Cost	Savings	Grants Scholarships	Family Support	Loans Legally Obligated
Tuition/Fees	\$	%	%	%	%
Books/Supplies	\$	%	%	%	%
School Year Living Expenses	\$	%	%	%	%

**High School Applicant is Now Attending**

High School's name \_\_\_\_\_

City, State \_\_\_\_\_

**Educational Institution in Which Enrollment is Desired**

Institution's Name \_\_\_\_\_

City, State \_\_\_\_\_

Course of study \_\_\_\_\_

Degree sought \_\_\_\_\_ Expected date of completion \_\_\_\_\_

**Essay:**

The short one page essay should be submitted addressing discuss your major area of study and area of specialization, and the occupation you propose to pursue after graduation. What are your long-term goals and how do you hope to achieve them? The essay may also include any other pertinent information that is relevant to your career plans. The essay should be no more than one page.

**Professional Letters of Recommendation**

Submit with this application at least two letters of recommendation. The letters should evaluate the applicant in terms of character, leadership, personal initiative, work habits, as well as any other attributes supporting their success in their future. One letter should be from a past or present teacher and one non-teacher, to be completed by a priest, minister, employer, family friend, etc.

**Assemble the application in the following order:**

1. Application and Federal Income Tax form 1040 (first 2 pages only)
2. Professional Letters of Recommendation (2 or more)
3. Essay (one page) and completed activity sheet (attached)
4. **Official Transcripts (must be in a sealed envelope)** and mailed directly to Pana Community Hospital
5. Financial Aid award letter, from College/University attending

**All of the above information must be provided in order the scholarship committee to consider your application.**

## ACTIVITY SHEET

**Volunteer Activities:** (List on/off campus extracurricular activities during high school, including any position held, such as President, Secretary, etc. Use additional sheet if necessary.)

Month / Year to Month/Year (most recent first)	Activity	Most Significant Contribution

**Work Experience:** List employment during school and summer break.

Month / Year to Month/Year (most recent first)	Place of Employment Name of Supervisor/Telephone No.	Job Duties

**Honors and Scholarships:** (May or May Not be Academic Related. Use additional sheet if necessary.)

Month/Year	Sponsor	Name of Award	Reason for Receipt of Award