



Benewah Community Hospital
Grow Your Own Scholarship Application

Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Phone: _____
College/University: _____ Student ID: _____

Please indicate the scholarship you are applying for:

- Employee:** Current employee of BCH and must continue working at BCH/SMFM.. Seeking a profession in an area of immediate need. (For example – Physical Therapy) Advancing their own profession in the healthcare field. (For example, CNA to RN)
- Employee Immediate Family Member:** Employee’s immediate family (spouse and/or children) seeking a profession in the healthcare field. The profession for which you are applying must be a position that is currently employable at BCH. See list below.
- Community Member:** Local community members seeking a profession in the healthcare field. The profession for which you are applying must be a position that is currently employable at BCH. See list below.

Please select the professional field that you plan to enter:

- Physician
- Physican Assistant (PA)
- Family Nurse Practitioner (FNP)
- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Certified Medical Assistant (CMA)
- Certified Nursing Assistant (CNA)
- Physical Therapist
- Physical Therapist Assistant (PTA)
- Radiology Technologist
- Sonographer
- Respiratory Therapist
- Pharmacist
- Pharmacist Technician
- Medical Lab Tech/Medical Lab Scientist
- Phlebotomist
- Other – please specify: _____



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Please complete if you are dependent:

Name of Parent/Guardian: _____ Relationship: _____
Parent/Guardian Address: _____
City: _____ State: _____ Zip: _____

List any achievements/awards (Dean's list, certifications, other honors, etc.)

Community Service:

Date	Organization	Activity Description	Contact Person	Hours

Signature of Applicant: _____ Date: _____