



Dr. Tony and Kay Berg Scholarship

The Dr. Tony and Kay Berg Scholarship is set up as a permanent endowment to provide a \$1,000 scholarship to a graduating student from Winner High School or an employee of Winner Regional Health wanting to pursue or continue their education in the healthcare industry. Their commitment to the Winner area and healthcare prompted their decision to establish this scholarship.

A **\$1,000** scholarship will be awarded to a Winner High School student or an employee of Winner Regional Health seeking a career or to advance their career in healthcare. The recipient will attend a school of higher education (to include industrial, technical, and four-year accredited universities).

Scholarship criteria are as follows:

- Application must include a personal resume.
- If applicant is currently enrolled at Winner High School, application must include a current official transcript from Winner High School that includes GPA and ACT test results.
- Applications will be assessed giving more emphasis to those students showing financial need.
- Applicants can be furthering their education in any medical related field.
- **APPLICATION DEADLINE IS APRIL 15th of each year.**
- **For application and additional information please contact the Winner High School Guidance Counselor or the Human Resources Department of Winner Regional Health.**
- **Scholarship recipient will receive scholarship funds upon verification that they are enrolled in their second academic semester in college/university/industrial/technical school.**

Name _____ Graduation Year _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Intended Major _____

EDUCATION HISTORY

High School:

Name of School: _____

City/State of school attended: _____

Year of Graduation: _____

Post-Secondary Education (if applicable):

Name of school attended: _____

City/State of school attended: _____

Years attended (ex. 2015-2019): _____

Diploma/Degree earned: _____

HEALTHCARE CAREER EDUCATION INTENTIONS

Name of Degree/Certificate you are seeking: _____

Name of Program: _____

Have you already been accepted? Yes No

Name of School: _____

COMMUNITY SERVICE

List your most significant volunteer positions, especially positions related to your health care career goals. Please include for whom you have volunteered and the work you have done.

EMPLOYMENT HISTORY *(if applicable)*

List any employment you have had in the past three years. Attach additional sheet if need:

Employer 1 _____

Address/Location _____

Dates Employed _____

Position Held _____

Reason for Leaving _____

Employer 2 _____

Address/Location _____

Dates Employed _____

Position Held _____

Reason for Leaving _____

Employer 3 _____

Address/Location _____

Dates Employed _____

Position Held _____

Reason for Leaving _____

Employer 4 _____

Address/Location _____

Dates Employed _____

Position Held _____

Reason for Leaving _____

FINANCIAL NEED

Please described your financial need for this scholarship.

PERSONAL STATEMENT

Please give a description of yourself, your healthcare career goals, and your reasons for choosing a healthcare career.

I confirm that all information included in this application is accurate and true. Understand all information supplied the Scholarship Committee will be kept confidential.

I hereby release the Dr. Tony and Kay Berg Scholarship Committee and the Tripp County Community Foundation to use my name, photographs, or other information in any social media, newsletter, newspaper, radio, or other media.

Date: _____

Applicants Signature: _____