

**HILLCREST FOUNDATION  
SCHOLARSHIP APPLICATION MATERIALS**

**GENERAL GUIDELINES**

The intent of the Foundation Scholarship(s) are to provide funds to deserving student(s) needing assistance to attend a school of higher learning. Should a recipient receive other scholarship funds in excess of need, the Foundation scholarship will not be forwarded at that time. Foundation scholarships are restricted to undergraduate studies.

Each applicant shall, in good faith, meet the criteria of each scholarship awarded. If the criteria are not met, the scholarship may be awarded to an alternate at the discretion of the Hillcrest Foundation.

All requested items must be completed and submitted for application to be considered.

All information provided on this application is considered confidential and will not be disseminated by the Hillcrest Foundation without the express written consent of the applicant.

**Diane Towery Memorial Scholarship.**

The Diane Towery Memorial Scholarship is a \$500 scholarship for a McCook area community member going into the nursing field. The scholarship will be awarded based upon need, at the sole discretion of the Hillcrest Foundation. One scholarship will be awarded each year until the funds are expended at which time the scholarship will cease.

**HILLCREST FOUNDATION  
SCHOLARSHIP APPLICATION FORM  
Cover Page**

Name \_\_\_\_\_

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that Foundation Scholarships are limited to undergraduate studies and that dollars above my financial need for tuition, room or books will not be awarded.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return application to:

Hillcrest Foundation  
PO Box 1087  
309 W 7<sup>th</sup> Street  
McCook, NE 69001

Application is due to Hillcrest Foundation by May 10, 2021

(1)

Date \_\_\_\_\_ DOB \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Will you be a \_\_\_\_\_ Full-time \_\_\_\_\_ or Part-time student.

Year of High School Graduation / GED \_\_\_\_\_ GPA \_\_\_\_\_

Number of College Hours Completed at time of application \_\_\_\_\_

What college(s) are you registered or enrolled at \_\_\_\_\_

(2) What is your career objective?

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(3) Please list any community service activities you have been involved in

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(4) List any award or honors that you have received

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- (5) Describe your financial need for the scholarship.  
(Items may include the cost of tuition, books, housing, and available funds.)

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- (6) List three (3) individuals for references:  
Provide name and contact information

1. 

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2. 

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3. 

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- (7)  
On a separate sheet prepare a statement in which you set forth your general activities and intellectual interests that have contributed to your decision to pursue education in the nursing field. Tell us why you have selected this field of study. This statement should be written in as direct a manner as possible. The statement you make is valuable to the committee in making a decision on your application. Please include what you think you might be doing five or even ten years from now.

- (8)  
In addition, have two signed letters of recommendation from non-relatives. Letters of recommendation should address at least four of the following seven attributes.

**Responsibility, Leadership, Integrity, Initiative,  
Work Habits, Cooperation, Dependability:**

Letters can be sent directly to Hillcrest Foundation at the address above or may be attached to the application.