



**Beartooth Billings Clinic  
Foundation**

**DR. JAMES AND JUANITA KANE SCHOLARSHIP  
HIGH SCHOOL GRADUATE APPLICATION FORM**

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET/PO BOX CITY ST ZIP CODE

HOME PHONE AND/OR CELL PHONE #: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

EDUCATION: \_\_\_\_\_  
HIGH SCHOOL CITY ST ZIP CODE

COLLEGE: \_\_\_\_\_  
NAME CITY ST ZIP CODE  
CAREER CHOICE GRADUATION DATE (MO / YR)

**TYPE OF SCHOOL (check one):**

- Four-Year College of University
- Two-Year Junior or Community College
- Vocational/Technical School
- Other

**TYPE OF PROGRAM (check one):**

- NURSING  RN  LPN  SURGICAL TECH
- REHABILITATION (Occupational/Physical/Speech Therapy)
- REHABILITATION (COTA/PTA/Speech Therapy Assistant)
- LABORATORY – Medical technologist
- LABORATORY – Other
- PRE-MED
- RADIOLOGY
- SOCIAL WORK
- PHYSICIANS ASSISTANT
- PHARMACY
- NUTRITION
- MEDICAL RECORDS ADMINISTRATION
- HEALTHCARE ADMINISTRATION
- OTHER

**WORK EXPERIENCE:** Describe your work experience during the past three (3) years:

Company Name/Address	Position	Date (from/to)
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**VOLUNTEER ACTIVITIES:**

**HONORS RECEIVED:**

I certify that the information provided is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Applications must be postmarked by March 1<sup>st</sup>.  
Incomplete applications cannot be considered

**MAIL TO: Beartooth Billings Clinic Foundation, PO Box 1290, Red Lodge, MT 59068**

**Equal Opportunity:** Beartooth Billings Clinic Foundation awards scholarships without regard to race, religion, creed, age, sex or national origin.