



Beartooth Billings Clinic
Foundation

**Dr. James and Juanita Kane Scholarship Fund
Employee Application Guidelines**

INTRODUCTION

The Dr. James and Juanita Kane Scholarship Fund offers assistance to employees who wish to refine or increase their skills and knowledge. This is provided in the form of one scholarship per year to a Beartooth employee.

This program and the opportunities it creates are intended to honor Dr. James Kane for more than fifty (50) year commitment to providing quality rural healthcare in Carbon County. Dr. Kane's dedication to his patients and his many years as a member of the Memorial Hospital Association (MHA) Board of Directors are exemplary. Dr. Kane was always committed to healthcare issues of the Red Lodge and the surrounding area.

Scholarship/s will be awarded for the following areas of study:

- Nursing – all degrees
- Rehabilitation (Occupational/Physical/Speech/COTA/PTA Therapy)
- Laboratory
- Pre-Med
- Radiology
- Social Work
- Physician's Assistant
- Pharmacy
- Medical Records Administration
- Other medical areas will be considered – please supply information on application.

EMPLOYEE GRADUATE SCHOLARSHIP ELIGIBILITY REQUIREMENTS

Current employee of Beartooth Billings Clinic

Enrolled in (or seeking to enroll in) a course of study at one of the accredited technical schools, colleges or universities in Montana or Wyoming.

APPLICATION INFORMATION

1. Please complete an essay describing the experience that led you to seek further training and/or pursue this field of study, and what you hope to contribute to Rural Healthcare.
2. Please provide three Letters of Recommendation (references from relatives are not acceptable).
3. **Applications must be postmarked by March 1**
4. Incomplete applications cannot be considered
5. Please return the completed application to:

**Scholarship Committee
Beartooth Billings Clinic Foundation
PO Box 1290
Red Lodge, MT 59068**

Or email: Foundation@BeartoothBillingsClinic.org



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Employee Application Form

Name	First	Middle	Last
Address	PO Box	City	St. / Zip
Phone Number	Cell Phone	Land Line	Other
Education	High School	City	Zip Code
College	Name	City	State
	Zip Code	Career Choice	Graduation Date (Mo/Yr)
Type of School	<input type="checkbox"/> Four-Year College or University <input type="checkbox"/> Two-Year Junior or Community College <input type="checkbox"/> Vocational/Technical School <input type="checkbox"/> Other		
Type of Program	<input type="checkbox"/> Nursing <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> Surgical Tech <input type="checkbox"/> Rehabilitation (Occupational/Physical/Speech Therapy) <input type="checkbox"/> Rehabilitation (COTA/PTA/Speech Therapy Assistant) <input type="checkbox"/> Laboratory – Medical technologist <input type="checkbox"/> Laboratory – Other <input type="checkbox"/> Pre-Med <input type="checkbox"/> Radiology <input type="checkbox"/> Social Work <input type="checkbox"/> Physician’s Assistant <input type="checkbox"/> Pharmacy <input type="checkbox"/> Nutrition <input type="checkbox"/> Medical Records Administration <input type="checkbox"/> Healthcare Administration <input type="checkbox"/> Other		



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Work Experience	Company Name	Address	Position	Inclusive Dates mm/yy

Volunteer Activities or Community Service	

Honors Received (or other applicable information)	

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

Signature

Date

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