



## **Dr. James and Juanita Kane Scholarship Fund High School Graduate Scholarship Student Application Guidelines**

### **INTRODUCTION**

The Dr. James and Juanita Kane Scholarship Fund offers assistance to those pursuing a career in a rural healthcare field. This program and the opportunities it creates are intended to honor Dr. James Kane and his wife Juanita for more than fifty years of 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 Board of Directors were exemplary. Dr. Kane was always committed to healthcare issues of Red Lodge and the surrounding area.

### **HIGH SCHOOL GRADUATE SCHOLARSHIP**

For a Carbon County high school graduating senior interested in pursuing a career in a rural healthcare field.

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
- Nutrition
- Physician's Assistant
- Pharmacy
- Medical Records Administration
- Healthcare Administration

### **HIGH SCHOOL GRADUATE SCHOLARSHIP ELIGIBILITY REQUIREMENTS**

1. Carbon County high school graduating senior interested in pursuing a career in a rural healthcare field
2. Must be a Montana or Wyoming resident
3. Enrolling in a course of study at one of the accredited technical schools, colleges or universities in Montana or Wyoming.



**Dr. James and Juanita Kane Scholarship Fund  
High School Graduate Scholarship**

**NOTE**

**All Applicants will be notified by mail no later than May  
Applications must be postmarked by March 1st.**

In submitting this application, there are several components to complete and submit in one package prior to March 1.

1. A completed application form.
2. 7<sup>th</sup> Semester Transcript
3. Three (3) recommendations. At least one reference must be from an instructor. References from friends or relatives are not acceptable.
4. A 250-word essay, typed and double-spaced, with the theme of:  
***“The experience that led me to pursue a career in my chosen profession and what I hope to contribute to Rural Healthcare.”***
5. A statement about something you learned from watching the videos on our YouTube channel.  
[https://www.youtube.com/results?search\\_query=beartooth+billings+clinic](https://www.youtube.com/results?search_query=beartooth+billings+clinic)
6. A statement about what you learned by studying the Beartooth Billings Clinic Foundation web page: <http://www.beartoothbillingsclinic.org/Foundation/AboutUs.aspx>

At the discretion of the committee, top applicants may be invited for a personal interview.

Please return the application materials by email:

[Foundation@BeartoothBillingsClinic.org](mailto:Foundation@BeartoothBillingsClinic.org)

or mail to:

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



**Beartooth Billings Clinic**  
Foundation

**Dr. James and Juanita Kane Scholarship Fund  
High School Graduate Scholarship  
Application Form**

<b>Name</b>	First	Middle	Last
<b>Address</b>	PO Box	City	St. / Zip
<b>Phone Number(s)</b>	Cell Phone	Land Line	E-mail address
<b>Education</b>	High School	City	Zip Code
<b>College</b>	Name	City	State
	Zip Code	Career Choice	Graduation Date (Mo/Yr.)
<b>Type of School</b>	<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		
<b>Type of Program</b>	<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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<b>Work Experience</b>	<b>Company Name</b>	<b>Address</b>	<b>Position</b>	<b>Inclusive Dates mm/yy</b>
<b>Volunteer Activities or Community Service</b>				
<b>Honors Received (or other applicable information)</b>				

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Please return the completed application to:  
**Scholarship Committee**  
**Beartooth Billings Clinic Foundation**  
**PO Box 1290**  
**Red Lodge, MT 59068**

Or email: [Foundation@BeartoothBillingsClinic.org](mailto:Foundation@BeartoothBillingsClinic.org)