



## **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 as 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 the healthcare issues of the Red Lodge and surrounding area.

### **Scholarship/s will be awarded for the following areas of study, included but not limited to:**

- Healthcare Administration
- Behavioral / Mental Health, Social Work
- Dietary Nutrition
- Laboratory
- Medical Records
- Nursing – all degrees
- Pharmacy
- Physician Assistant
- Pre-Med
- Radiology
- Rehabilitation (Occupational/Physical/Speech/COTA/PTA)
- 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, online institutions, colleges, or universities.

### **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 two Letters of Recommendation (references from relatives are not acceptable), and one from a direct supervisor.
3. **Applications must be submitted or 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](mailto:Foundation@BeartoothBillingsClinic.org)



**Beartooth Billings Clinic**  
Foundation

**Dr. James and Juanita Kane Scholarship Fund**

**Employee Application Form**

<b>Name</b>	First	Middle	Last
<b>Address</b>	PO Box	City	St. / Zip
<b>Phone Number</b>	Cell Phone	Land Line	Other
<b>Education</b>	High School	City	Zip Code
<b>College</b>	Name	City	State
	Zip Code	Career Choice	Graduation Date (mm/yy)
<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 RN LPN Surgical Tech <input type="checkbox"/> Rehabilitation (Occupational/Physical/Speech Therapy) <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"/> Behavioral / Mental Health <input type="checkbox"/> Medical Records Administration <input type="checkbox"/> Healthcare Administration <input type="checkbox"/> Other _____		



**Beartooth Billings Clinic**  
Foundation

**Dr. James and Juanita Kane Scholarship Fund**

<b>Work Experience</b>	<b>Company Name</b>	<b>Address</b>	<b>Position</b>	<b>Inclusive Dates mm/yy</b>

  

<b>Volunteer Activities and Community Service</b>	

  

<b>Honors Received and other applicable information</b>	

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

- A completed 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.
- Two (2) Letters of Recommendation (references from relatives are not acceptable), one from a direct supervisor.
- Incomplete applications cannot be considered.
- Completed application

\_\_\_\_\_  
**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**