



Presents the

Dennis James Memorial Scholarship

The Dennis James Memorial scholarship was started in 2015 by the family of Dennis James and through his company, Urgent Care of Idaho, formerly Riverview. Dennis was a passionate businessman and member of his community. He knew how important education was in bettering people, families, and communities. He supported education within his family and throughout his life. We are proud to be able to continue that through this memorial scholarship.

Scholarship Eligibility

- High School Senior – must receive diploma from a Cassia or Minidoka County High School by June 2024
- U.S. citizen
- Plan to enroll in an accredited two or four-year college, university, or vocational-technical school in the U.S. for the 2024-2025 school year, with the exception made for serving a church mission and extending the time for a two year period.
- 2.8 GPA or greater

Awards

Minidoka County - single award of \$1,000.

Cassia County - two awards of \$1,000 each.

Application Process

- Fill out application entirely, including signature on the second page of the application.
- Complete the questions and essay portion
- Attach two letters of recommendation filled out by
 1. A teacher or other staff member at your high school
 2. A person of choice that is not a family member
- Attach a copy of current transcript
- Turn in completed entry and all attachments **by Saturday, April 13, 2024**, directly to

Urgent Care of Idaho
Scholarship Program
P.O. Box 820
Burley, ID 83318

Deadline

All applications and attachments need to be turned in to the Urgent Care of Idaho, or postmarked by **Saturday, April 13, 2024.**

Selection of Recipients

Scholarship recipients are selected on the basis of academic record, demonstrated leadership, participation in school and community activities, volunteering, as well as strong personal character. All applicants agree to accept decision of recipients as final.

Notification

Only the recipient of scholarships will be notified in May 2024.

Payment of Scholarship

Scholarship payment may be used to cover the cost of tuition and books. The scholarship payment can be used entirely at one time, in one payment, or can be separated and used at different times and to different payees. Recipient will need to submit through email, or mail, or in person at Urgent Care of Idaho, a statement showing balance owed, toward either books or tuition. A check is then made payable to the students' school and mailed to the address on the statement.

Questions

Please send any questions or correspondence to kyle@urgentcareofidaho.com

Applications and this information packet are available at the Urgent Care of Idaho, at the Urgent Care of Idaho website urgentcareofidaho.com or visit us on Facebook. They are also available through the school counselors at each of the High Schools in Minidoka and Cassia County.

Dennis James Memorial Scholarship

Application

First Name _____ Last Name _____

Mailing Address _____ City _____

Phone _____ Email _____

Name of High School _____ Years Attending _____

Previous High School (if less than 3) _____ Age _____

List any job experience you have had _____

Current GPA _____ If you would like, include an explanation of GPA and attach a copy of a transcript to support your explanation.

Short Answer Questions

***Type and attach to this application, answers to the following questions, in 200 words or less per question.**

1. What are your future education goals and how do you plan to achieve them?
2. List any academic awards, scholarships, publications, or any special academic recognitions you have earned.
3. Describe High School Activities you have participated in and what influence they have had on you.
4. Describe community service and volunteer work that you have done and how it has affected you.
5. Optional- What other personal information do you think makes you deserving of this scholarship?

Letters of Recommendation

***Have two letters of recommendation written for you and attach to your application. Select two people who can speak to your personal character, academic strengths, leadership positions, or community involvement or volunteering. The letters must be filled out by:**

1. One of the letters must come from a staff member at your High School.
2. The other letter is a person of choice that is NOT a relative.

The letters need to include the following:

Name of person writing letter, address and phone number, in what capacity, and length of time person has known the nominee.

The letter should address these things:

Confirm and elaborate on the character of the candidate. Also address the student’s personal characteristics which contribute to the candidate’s abilities. The letter should also confirm the applicant’s abilities in the areas of academic record, demonstrated leadership, and participation in school and community activities, volunteering.

The letters need to be signed by the writer.

Essay Question

***Type and attach to this application, the answer to the following question.**

Please answer the following question in a detailed essay - up to 800 words

Topic - Write about a time hard work paid off.

Transcript – Please include a current copy of your transcript. It does not need to be an official transcript. Chosen Scholarship recipient’s transcript will be verified for accuracy.

Application due by Saturday, April 13, 2024- Turn in completed entry and all attachments by Saturday, April 13, 2024, directly to Urgent Care of Idaho either by hand delivery or by mail to:

Urgent Care of Idaho
Scholarship Program
P.O. Box 820
Burley, ID 83318

Signature

I understand my application for the Dennis James Memorial Scholarship contains personal information. I authorize the selected committee to review the information in my application for the purpose of determining my eligibility for the scholarship award. I verify that all the information provided on this application is true and correct to the best of my knowledge and I also certify that if chosen, I will provide an official High School transcript if requested. I further certify that if chosen as the scholarship recipient, I will use the funds only for expenses related to education in higher learning in the United States. I verify I have read, understand, and agree to the guidelines as stated.

Signature _____ Date _____