



Benewah Community Hospital
St. Maries Family Medicine
229 S. 7th Street
St. Maries, ID 83861
(208) 245-5551
www.bchmed.org

Benewah Community Hospital Grow Your Own Scholarship

Thank you for your interest in the Grow Your Own Scholarship Program!

Please submit the following with your application . *Applications will not be accepted without this information.*

- A sealed, “official” copy of the previous high school/college semester’s transcript
- A copy of your college class schedule for the upcoming semester
- A copy of your college tuition statement for the upcoming semester
- One page essay addressing the following:
 - Why are you applying for this scholarship?
 - Why do you want to enter the medical field?
 - What are your future goals?
 - What benefit will your education provide to this community?

Students must have a 3.0 GPA or greater to apply for this scholarship and maintain eligibility.

Please return the completed application to:

Benewah Community Hospital
Attn: Darcy Humphrey
Grow Your Own Scholarship
229 S. 7th Street
St. Maries, ID 83861

Applications must be received by Wednesday, April 15, 2026 by 3:00 pm.
Applications will not be accepted past the due date.
Incomplete applications will not be accepted.

If you have any questions, please contact Darcy Humphrey at (208) 582-2411, or
email: dhumphrey@bchmed.org.



**Benewah Community Hospital
Grow Your Own
Scholarship Application**

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

College/University: _____ Student ID: _____

Please indicate the scholarship you are applying for

- Employee:** Current employee of BCH and must continue working at BCH/SMFM. Seeking a profession in an area of immediate need. *(For example – Physical Therapy)*
Advancing their own profession in the healthcare field. *(For example, CNA to RN)*
- Employee Immediate Family Member:** Employee’s immediate family *(spouse and/or children)* seeking a profession in the healthcare field. The profession for which you are applying must be a position that is currently employable at BCH. See list below.
- Community Member:** Local community members seeking a profession in the healthcare field. The profession for which you are applying must be a position that is currently employable at BCH. See list below.

Please select the professional field that you plan to enter:

- Physician
- Physician Assistant (PA)
- Family Nurse Practitioner (FNP)
- Registered Nurse (RN)
- Licensed Practical Nurse (LPN)
- Certified Medical Assistant (CMA)
- Certified Nurses Aid (CNA)
- Physical Therapist
- Radiology Technologist
- Medical Lab Tech/Medical Lab Scientist/Certified Phlebotomist
- Other – please specify: _____

Please Complete if you are a dependent

Name of Parent/Guardian: _____ Relationship: _____

Parent/Guardian Address: _____

City: _____ State: _____ Zip: _____



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List any achievements/awards (Dean's list, certifications, other honors, etc.)

Community Service

Date	Organization	Activity Description	Contact Person	Hours

Signature of Applicant: _____ Date: _____