



Amy Rath Memorial Scholarship

The Amy Rath Memorial Scholarship was established to honor Amy Rath’s dedication to healthcare and her commitment to serving Gordon Memorial Hospital District and the Sheridan County community. Amy worked in the radiology department, where she was known for her compassion, professionalism, and commitment to providing quality care to patients. In her memory, Gordon Memorial Hospital District is proud to offer a \$2,500 scholarship to support a Sheridan County resident who is planning to attend or is currently enrolled in an accredited radiologic technology program. The scholarship may be used for tuition, books, or other qualified educational expenses.

IMPORTANT DATES

Application Deadline: May 15, 2026 All materials must be received by this date.

ELIGIBILITY REQUIREMENTS

All Applicants must:

- Be a current resident of Sheridan County, Nebraska
- Be Planning to attend or currently enrolled in an accredited radiologic technology program for the Fall 2026 semester.
- Be in good academic standing.

SECTION 1: STUDENT INFORMATION		
FIRST NAME	LAST NAME	DATE OF BIRTH
ADDRESS		
CITY	STATE	ZIP
EMAIL	PHONE	

SECTION 2: PRIOR EDUCATION		
HIGH SCHOOL ATTENDED	GRADUATION YEAR	
CITY	STATE	GPA
College Attended (if applicable)		

SECTION 3: PROGRAM INFORMATION		
COLLEGE OR UNIVERSITY	ENROLLMENT STATUS	<input type="checkbox"/> PLANNING TO ATTEND <input type="checkbox"/> CURRENTLY ENROLLED
NAME OF RADIOLOGIC PROGRAM	EXPECTED GRADUATION DATE	
PROGRAM DIRECTORS NAME	DIRECTORS PHONE NUMBER	
DIRECTORS EMAIL		



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SECTION 4: QUESTIONS

Why have you chosen to pursue a career in radiologic technology?

How has living in Sheridan County influenced your educational and career goals?

What are your professional goals after completing your radiologic technology program?

SECTION 5: REQUIRED ATTACHMENTS

Please include the following with you application:

- Proof of Sheridan County residency
- Current Transcript (high school or college)
- At least one letter of recommendation

SECTION 6: CERTIFICATION

Submit completed applications and all required materials to:

Gordon Memorial Hospital District
Attn: Amy Rath Memorial Scholarship Committee
300 E. 8th Street, Gordon, NE 69343
info@gordonmemorial.org

SECTION 7: CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge.

Applicant Signature: _____

Date: _____