

FRIENDS OF SANFORD HEALTH SCHOLARSHIP

Ten \$1500 Friends of Sanford Health Scholarships are available to students in the SHNM service region and to present employees of Sanford Health of Northern Minnesota. To be considered for one of these scholarships, an applicant must be pursuing a career in a health related field, and not have been a previous recipient.

This scholarship is contingent upon enrollment in an accredited school. It will be sent directly to the financial aid office of the chosen school for credit toward the student's educational expenses when a fee statement or proof of enrollment is received by the Scholarship Committee.

A complete application **MUST** include the following information:

- Completed application form
- Personal essay
- Official** transcript(s) from your current school
- Completed REFERENCE Form by a counselor/principal or supervisor,
- Completed EMPLOYEE REFERENCE, if a current SHNM employee
- Postmarked by the deadline, **March 15, 2019**.

Applicants are responsible to see that all necessary information is received by the committee. Incomplete applications will not be considered.

Recipients of the scholarship will be notified by April 15, 2019.

Please send completed applications to:

The Scholarship Committee
c/o Volunteer Office
Sanford Bemidji
1300 Anne St. NW | Bemidji, MN 56601

Fax: 218.333.6054

Scholarship Application Form

This scholarship is sponsored by Friends of Sanford Health.

Please send completed form to:

Volunteer Services Manager, Sanford Bemidji, 1300 Anne St. NW, Bemidji, MN 56601.

The completed application is due March 15th, 2019

Personal Information: *Please type or print clearly*

Applicant name _____

Street address _____

City _____ State _____ ZIP _____

Phone Number: _____ Date of Birth _____

E-mail address _____

Education Information:

High School and Address _____

Dates Attended _____ Graduation Date _____

University or College and Address _____

Dates Attended _____ Expected Graduation Date _____

Health Field Plan of Study _____

Financial Information:

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Percentage of financial support received from your parents _____

Number and ages of other children dependent on your parents _____

Your marital status _____

Spouse's occupation, if employed _____

Financial Information, continued

Number and ages of children _____

Your current employment _____ Full or part time _____

Do you plan to work while in school? _____

Is financial aid necessary to continue your education? _____

Current loan amount incurred for your educational expenses _____

List all grants and scholarships you have received to date _____

List additional sources of financial assistance you have applied for other than this scholarship _____

Personal essay:

On a separate sheet(s) of paper, please compose an essay of up to 500 words, typed, double spaced, and no longer than two pages. The essay must be your own work and include discussion on the following:

- Your work experiences
- Your membership and participation in school and/or community organizations and activities
- Your personal reasons for choosing a career in the health care field and for seeking this scholarship.

I voluntarily give the Friends of Sanford Heath Scholarship Committee the right to make an inquiry into my past academic activities and to connect the references I have listed. I release from liability any persons or institutions who provide the committee with any information.

Signature _____ Date _____

Scholarship **STUDENT** Reference

Students: PLEASE GIVE THIS PAGE TO YOUR **COUNSELOR, PRINCIPAL**, or SOMEONE WHO HAS WORKED WITH YOU IN A **SUPERVISORY POSITION**.

The applicant named below is applying for a Friends of Sanford Health scholarship, available to students in the SHNM service region who are pursuing a career in health care. Please complete this form and return it to the applicant for inclusion in his/her application packet.

Please type or print clearly

Student's name _____

Part A: General information

Your name _____ Title _____

Phone _____ E-mail address _____

How long have you known the applicant? _____

Please rate the student's potential for good academic performance in college:

Check one - AVERAGE ABOVE AVERAGE VERY HIGH

Please rate the student's personal qualities:

	Average	Good	Excellent
Cooperation			
Leadership			
Dependability			
Initiative and Drive			

Please add any additional comments that will aid the Scholarship Committee _____

Attach an official transcript, showing the student's academic performance and test scores.

Thank you for your assistance.

Signature _____ Date _____

Scholarship **EMPLOYEE** Reference

THIS PAGE TO BE SUBMITTED **ONLY BY SHNM EMPLOYEES** applying for a scholarship for further education. Please give this to your **DEPARTMENT HEAD** or **SUPERVISOR**.

Employee's Name _____

Department _____

Please evaluate the candidate on each of the following factors:

	Average	Good	Excellent
Cooperation			
Leadership			
Dependability			
Initiative and Drive			

How long have you known the applicant and in what capacity? _____

Please share any additional comments that will assist the Scholarship Committee _____

Signature _____ Date _____

Position _____