

# 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, 2020**.

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, 2020.

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 15<sup>th</sup>, 2020

## **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? \_\_\_\_\_

Projected cost of college degree: \$ \_\_\_\_\_

### Projected funding sources for education:

Parental Assistance \$ \_\_\_\_\_

Savings/Work contribution \$ \_\_\_\_\_

Grants/Scholarships \$ \_\_\_\_\_

Student Loans \$ \_\_\_\_\_

Other (Please explain) \$ \_\_\_\_\_

\_\_\_\_\_  
Total Payments \$ \_\_\_\_\_

Current loan amount incurred for your educational expenses: \$ \_\_\_\_\_

### 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 extracurricular activities, and community and volunteer organizations.
- Your personal reasons for choosing a career in the health care field and for seeking this scholarship.

I voluntarily give the Friends of Sanford Health 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 \_\_\_\_\_