

Springfield Area Health Care Foundation Scholarship

PROCEDURE

1. Scholarships will be presented to high school seniors or graduates who are planning to pursue a career in health care field. Seniors or graduates from Springfield High School, Red Rock Central High School, Cedar Mountain High School, and Comfrey High School are eligible to apply.
2. All applications must be neatly typed or printed in blue or black ink.
3. Applicants need to:
 - ~ Complete the personal information sheet
 - ~ Include a current transcript of high school or post-secondary grades
 - ~ Request two recommendations from instructors, administrators, or adults (non-relatives) who are aware of the student's accomplishments and interest in the health care field
 - ~ Write a one page essay on your interest in health care (see #4)

4. ESSAY

On a separate sheet, please type a one page essay in which you include the following:

- ~ What influenced your decision to enter a health care field?
 - ~ What qualities and experience do you feel you have which will benefit you in your study?
 - ~ In what ways do you expect your future career will be satisfying and rewarding?
5. The completed application must be postmarked no later than May 1, 2010.
 6. A scholarship committee will make the final decision concerning the scholarship recipients.
 7. The scholarship awards for seniors will be announced during May and will be awarded following the successful completion of one year of post-secondary study or the completion of the program of study, whichever is less. The scholarship funds for the student currently enrolled at a post-secondary school will be awarded this spring.
 8. Applications must be completed and postmarked no later than May 1, 2010 and mailed to:

Scott Thoreson, Administrator
Springfield Medical Center – Mayo Health System
625 N. Jackson Avenue
Springfield, MN 56087

**Springfield Area Health Care Foundation Scholarship
Foundation
Scholarship Application**

1. Name _____

Address _____

Telephone _____

Check one _____ High school senior _____ Post-secondary student

Indicate your class rank _____

2. Name of parents or guardians _____

Address (if different from above) _____

3. How do you plan to finance your educational expenses not covered by scholarships?

Check appropriate answers.

_____ Money provided by family

_____ Money earned from employment

_____ Loans

_____ Other _____

4. In what high school and / or post-secondary activities have you participated?

5. What high school or post-secondary honors have you received?

6. List any work experience you have had during the past three years.

7. Name the post-secondary school you currently attend or plan to attend.

8. Which health care field do you plan to enter?

Springfield Area Health Care Foundation Scholarship

REFERENCE

Applicant _____

High School or Post-secondary School _____

Please evaluate the applicant by circling the number which best describes him/her.

PERSONAL TRAITS (5=Highest 1=Lowest)

Honesty 5 4 3 2 1

Cooperation 5 4 3 2 1

Work Habits 5 4 3 2 1

Leadership 5 4 3 2 1

Scholarship 5 4 3 2 1

Dependability 5 4 3 2 1

Initiative 5 4 3 2 1

In what capacity have you been acquainted with the applicant?

Comments: _____

_____ Signature

Upon completion of this reference, please return by May 1, 2010 to:

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