

APPLICATION FORM

OWATONNA HOSPITAL AUXILIARY HEALTH CAREER and DONALD SANFORD NURSING SCHOLARSHIPS

Available to Steele County Residents

The Owatonna Hospital Auxiliary and Donald Sanford Fund are sponsoring a number of scholarships for individuals planning to attend or who are currently attending programs in Health Careers or Nursing (see attached criteria). Recipients of these scholarships will be selected on the basis of need and merit.

Application deadline is March 31, 2012

I am applying for the _____ scholarship.

(Please type or print)

Date _____

1. Name _____ Age _____ Birthdate _____

2. Home address _____
(Street) (City) (State) (Zip Code)

3. Home phone _____ Work phone _____ Occupation _____

4. If married, spouse's name _____ Occupation _____

Children (at home) How many? _____ Ages _____

5. If applicant is a dependent, father's name _____

Address _____ Occupation _____

Mother's name _____

Address _____ Occupation _____

6. High school attended _____

Date of graduation _____ Grade Point Average (G.P.A.) _____

7. College or other post-secondary schools attended (list by name):

College/Post-Secondary School Year graduated College G.P.A.

(or will graduate)

8. **Post-secondary plans**-indicate school where you have been accepted and health career major:

College/Post-secondary school _____ Health career _____

Tuition cost **only** _____ Total cost per year _____

(Include room, board and tuition **only**)

**APPLICATIONS THAT ARE FULLY COMPLETED AND HAVE TWO (2) CURRENT REFERENCES
WILL BE CONSIDERED FOR A SCHOLARSHIP.
ALL APPLICATIONS ARE TO BE SUBMITTED BY MAIL DIRECTLY TO
THE CHAIRMAN OF THE SCHOLARSHIP COMMITTEE.**

9. Employment history: (List most recent employment first)

<u>Place of employment</u>	<u>Job duties</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Briefly explain any experiences you have had working in a hospital or in the healthcare field. This can include paid work or volunteer experience. **(Use additional sheets if necessary.)**

11. Do you have any definite plans following your education? Explain.

12. List other scholarships applied for and their amounts:

13. Briefly explain why you feel qualified for this scholarship:

14. Briefly explain why you feel you need financial aid:

REFERENCES: Name two (2) references, such as a teacher, counselor, member of clergy or professional person. **(No immediate family members please.)** Ask each of them to write a letter of recommendation for you and enclose them with your application.

1. _____

2. _____

Mail completed application, along with references, **High school** and **College transcripts** (if you have completed a year of college, or graduated from a college, you need only send your College transcript) by **March 31, 2012** to:

Dave Kenow, Chairman
Owatonna Hospital Auxiliary Scholarship Committee
1515 Truman Ave.
Owatonna, MN 55060

CRITERIA USED TO AWARD SCHOLARSHIPS FOR INDIVIDUALS:

DON SANFORD NURSING SCHOLARSHIPS

- 1) Applicant must be majoring in Nursing at a College or Vocational School.
- 2) Applicants entering first year of Nursing School or above are considered.
- 3) Applicant must live in Steele County, or be an employee of the Owatonna Hospital, or the immediate family (spouse or dependent child) of the Owatonna Hospital employee.
- 4) The Auxiliary's official Application Form must be completed.
- 5) Applicant must show financial need and identify any other financial awards.
- 6) Prior work history is requested.
- 7) A description of Applicant's future career plans must be provided.
- 8) Applicant must identify College or Vocational School and the cost.
- 9) Current written references from two individuals **must** accompany the application. Teachers, counselors, members of the clergy or other professional persons preferred. **(No immediate family members please.)**
- 10) The Auxiliary Scholarship Committee, made up of no less than three (3) members, including the chairperson, evaluates all applications. By the authority of the Owatonna Hospital Auxiliary Board, the Scholarship Committee selects the recipients if the scholarships.

AUXILIARY HEALTH RELATED CAREER SCHOLARSHIPS

- 1) Applicant must be majoring in a Health related field at a College, Medical School or Vocational School.
- 2) Applicants entering their second year of school or above are considered.
- 3) Applicant must live in Steele County, or be an employee of the Owatonna Hospital, or the immediate family (spouse or dependent child) of the Owatonna Hospital employee.
- 4) The Auxiliary's official Application Form must be completed.
- 5) Applicant must show financial need and identify any other financial awards.
- 6) Prior work history is requested.
- 7) A description of Applicant's future career plans must be provided.
- 8) Applicant must identify College or Vocational School and the cost.
- 9) Current written references from two (2) individuals **must** accompany the application. Teachers, counselors, members of the clergy or other professional persons preferred. **(No immediate family members please.)**
- 10) The Auxiliary Scholarship Committee, made up of no less than three (3) members, including the chairperson, evaluates all applications. By the authority of the Owatonna Hospital Auxiliary Board, the Scholarship Committee selects the recipients of the scholarships.