Carol L. Ryberg Scholarship Program Guidelines

New Ulm Medical Center Foundation



The Carol L.Ryberg Scholarship Program is made possible through a generous donation by Carol L Ryberg. A \$3,500 scholarship will be given to one recipient pursuing a nursing degree for the 2015-16 school year.

Eligibility

The scholarship will be awarded to a resident of Brown County, Minnesota who has been accepted and will be entering or continuing an accredited nursing degree program this fall (B.A./B.S.N.) at a post secondary institution.

Process

Applications are due March 15 to:

New Ulm Medical Center Foundation

Attn: Carisa Buegler 1324 5th North

New Ulm MN 56073

- Applications need to include (please note: failure to include all of these items may affect your eligibility for the scholarship):
 - Completed application.
 - Essay (250 350 words) relating to the role of nursing in health care today and the applicant's philosophy of nursing, personal career goals and plans in a health care setting.
 - Two letters of recommendation, one from someone other than a family member. (One letter should be from a non-school person.)
 - Transcript of courses completed, ACT and/or SAT test scores.
 - Acceptance letter from nursing program.

Selection Criteria

Preference will be given to the following:

- A previous recipient who has maintained a GPA of 3.0 or better in the previous academic year are eligible.
- Past academic performance of 2.5 GPA or better.
- Social and community involvement.
- Essays will be judged on the basis of clarity, personal commitment, relevance and innovative ideas.
 Essays should be submitted on plain white, 8 ½" x 11" paper, typed and submitted with the application form.
- All applications will be reviewed by a committee of volunteers and staff at New Ulm Medical Center.

Criteria

- 1. Award must be used during the 2015-16 school year.
- 2. The scholarship award will be sent directly to the school on behalf of the recipient.
- 3. If the recipient does not use the award or drops out of school for any reason, he/she will reimburse the Foundation the full amount of the award within six months of receipt.

Contact Information

For questions, please contact Carisa Buegler at the New Ulm Medical Center Foundation at 507-217-5188.

Carol L. Ryberg Scholarship Program Application

New Ulm Medical Center Foundation



Personal Information						
Name:						
Address:						
Phone Number:		Date of Birth:				
Email Address:						
Educational Information	tion					
School Name/Address	Course Major/Minor	Last Year Attended	Number of Months/Years Attended	Diploma Degree	G.P.A.	
High School			1		1	
College/University			1			
Other						
	I	·		1	1	
Employment Experie	ence (please list most	recent to least re	cent)			
1) Employer Name/Address				Dates		
Position	Reaso	on for Leaving				
2) Employer Name/Address				Dates		
Position	Reaso	on for Leaving				
3) Employer Name/Address				_ Dates		

Position_____ Reason for Leaving_____

Describe significant volunteer, school or community	involvement:
Describe academic and career goals:	
What are your expected education expenses for the and books) and how do you plan to finance them?	2015-16 school year (e.g. tuition, room and board, fees
Nursing Program Acceptance	
Date accepted into nursing program	
School Attending	
Expected Date of Graduation	
Expected Degree Earned	
I certify all information in this application and its attac Center Foundation of any changes.	chments are correct and will notify New Ulm Medical
Applicant Signature	Date
Please return by March 15 your completed application to your school's guidance office or mail to: Carisa Buegler New Ulm Medical Center Foundation 1324 5 th North	on form, essay, letters of recommendation and transcripts

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