

2024 Health Care Careers Scholarship Program Private or Homeschool Students

Amount

A **\$1,000** scholarship to one student living in Wright County and attending a private school or is homeschooled.

Selection Criteria and Process

Buffalo Hospital's goals in sponsoring this scholarship are twofold—(1) to support local youth in accessing post-secondary education and (2) to increase the number of youth who pursue careers in health care.

Based upon this goal, we recommend the following selection criteria:

- Acceptance and enrollment in a health care field at a two or four-year post-secondary institution for fall 2024.
- Respect of their peers and teachers.
- Student is currently living in Wright County.

We request that the school staff or parents responsible for scholarships announce this opportunity and screen candidates based upon the above three selection criteria. Please submit your completed application with any related documents **by Friday, March 22, 2024 via email:**

rachel.mendel@allina.com

Phone: 763-684-7100

A selection committee consisting of Buffalo Hospital employees, volunteers and Foundation Board members will review the applications of eligible entries and select one homeschool or private school student residing in Wright County based upon the following two selection criteria:

- Genuine desire to pursue a career in a health care field.
- Previous volunteer, work or life experiences in health care.

Additional Information

- Buffalo Hospital requests that the school/home provide the name and contact information for a single individual with whom to share materials and decisions.
- Applications must be completed using the fillable PDF file (please do not copy to Word or print and complete by hand), proofread and completed fully to be accepted.
- Short letters of recommendation are welcome.
- Winner will be notified via email by early May 2024.

2024 Health Care Scholarship Program Scholarship Essay Form

Please **complete the fillable PDF** below and return this form in PDF format to Buffalo Hospital (information on Page 1).

Student Information

Student Name: _____

School Name: _____

Home Address: _____

Phone Number: _____

Email Address: _____

Current GPA: _____

Name of College you plan to attend: _____

Address of College you plan to attend: _____

Degree/Certificate you plan to pursue: _____

Essays

Please share why you have chosen to pursue a career in the health care field:

Please share your post-secondary academic and career goals (intended field of study, place of study, position you hope to attain, etc.):

Please describe specific and relevant involvement in school, work, volunteering or life experiences that relate to your health care career goal:

*You may attach additional information or short letters of recommendation to your application (electronically).
Thank you for your application. We wish you the greatest success in your future.*