Friends of CMC &
Cambridge Medical Center
Scholarship Committee

SCHOLARSHIP APPLICATION

GO CONFIDENTLY
in the direction of your dreams.
Live the life you have imagined.

HENRY DAVID THOREAU

If you just graduated from high school this spring please note that you are not eligible to apply for a scholarship at this time, unless you have completed your PSEO. We encourage you to apply when you have been accepted into your healthcare program.

INSTRUCTIONS

1. Complete the application form. Please note, only one application is needed to be considered for any of the Cambridge Medical Center scholarships.

2. Include in your application a letter stating why you wish to enter this profession, meaningful experiences that have influenced your decisions, and any special needs you may have to finance your goal. Please include any volunteer opportunities you have participated in.

3. Include a college transcript.

4. Sign the attached photo release form for use in possible press releases.

5. Return the completed application form no later than **June 1** to:

Cambridge Medical Center
ATTN: Scholarship Committee
701 Dellwood St. S
Cambridge, MN 55008
763-688-8830

For information regarding Anoka Ramsey Community College (ARCC) Cambridge Campus Nursing Program visit their website at www.AnokaRamsey.edu/Scholarships

AVAILABLE SCHOLARSHIPS

The Scholarship Committee awards specific scholarships as deemed appropriate.

GERTRUDE A. GUNDERSON NURSING SCHOLARSHIP (Friends of CMC Scholarship)

Who may apply? Anyone who is a graduate of the area served by the medical center and who is presently accepted into a **registered nurse program** leading to a degree.

Amount and how payable? $1,000 to be paid directly to the school of the recipient's choice. Payable upon receipt of letter from the financial aid director indicating continuance in a nursing degree program.

CAROL BALL NURSING SCHOLARSHIP (for a non-traditional student)

Who may apply? A single female parent over the age of 30 who is presently accepted into a **registered nurse program** leading to a degree.

Amount and how payable? $250 to be paid directly to the school of the recipient's choice. Payable upon receipt of letter from the financial aid director indication continuance in a nursing degree program.

FRIENDS OF CMC SCHOLARSHIPS

Who may apply? Anyone who is a high school graduate of the area served by Cambridge Medical Center in Cambridge, or who now resides in the area, and is **presently accepted into health career program leading to a bachelor of arts, bachelor of science, associate degree, an accredited school granting a certification in a health care field or a post bachelor program in health care.**

Amount and how payable? There are **two $1,000** scholarships awarded. The $1,000 for each recipient will be paid directly to the school of the recipient's choice, which awards a degree or certification in the chosen field.

CAMBRIDGE MEDICAL CENTER SCHOLARSHIPS

Who may apply? Anyone who is a high school graduate of the area served by Cambridge Medical Center in Cambridge, or who now resides in the area, and is **presently accepted into health career program leading to a bachelor of arts, bachelor of science, associate degree, an accredited school granting a certification in a health care field or a post bachelor program in health care.**

Amount and how payable? There are **two $1,000** scholarships awarded to be paid directly to the school of the recipient's choice, which awards a degree in the chosen field. This includes the two-year RN program. Payable upon receipt of letter from the financial aid director indicating continuance in a medical field of study.

Cambridge Medical Center Employee/Family Scholarship

This scholarship is awarded to an employee of the medical center or a family member in the amount of $1,500, who is **presently accepted into health career program leading to a bachelor of arts, bachelor of science or associate of arts or science from an accredited school granting a certification in a health care field or a post bachelor**

OFFICIAL APPLICATION FORM

Name: _____

Phone # (Home) _____ (Work) _____ (Cell) _____

Email: _____

Address: _____

_____

CMC Employee or Family Member? Yes or No (circle one)

Name of CMC Family Member and Relationship: _____

Age: Over 30? Yes or No (circle one) **Female?** Yes or No (circle one)

Complete this Section if you are Married or Single with Dependent(s)

Married: Yes or No (circle one)

Name of Spouse: _____

Your Employer: (if applicable)

_____

Spouse's Employer: _____

Number of dependent children you have (if applicable): _____

Complete this Section if you are a Dependent

Parent's Name(s): _____

Phone # (Home) _____ (Work) _____

Number of siblings in family (if applicable): _____

Number of persons dependent upon your parents for support (if applicable): _____

Number of brothers or sisters presently attending college: _____

Sibling's Name: _____ **School:** _____

Sibling's Name: _____ **School**: _____

High School You Attended: _____**Year Graduated**:

Have you completed your healthcare prerequisites and been accepted into your respective school?

Yes____ No ____

Name of School/College: _____

Address: _____

_____

Student ID: _____

School of (check one)

____ Nursing _____ Physical Therapy _____ Medicine

____ Medical Technology _____ Occupational Therapy _____ Dentistry

____ Other: _____

Length of Program: _____ Year expect to graduate:_____

Household Income Range:

If you claim you are a dependent this must be reflected in the total household income.

Less than $20,000 □
$20,000 - $50,000 □
$50,000 - $80,000 □
$80,000 - $100,000 □
Greater than $100,000 □

Estimated Total Expenses for One Year:

Tuition: _____

Books: _____

Room/Board or Housing: _____

Other: _____

Total: _____

Other scholarship sources this year (including dollar amount):

_____

Media Consent

SUBJECT: Scholarship Applicant

DATE: _____

I hereby consent to photography and/or an interview for the purpose of publication in newspapers, magazines, the internet or other printed media or broadcast by television/radio transmission. I recognize that Allina Health is acting only as an intermediary, making it possible for said publication or broadcast.

As such, I hereby agree to hold Allina Health free and harmless from any and all liability arising out of the photography, interview and subsequent publication or broadcasting. I release the CMC Scholarship Committee and all members from liability.

I assume full responsibility for the photography session and interview.

Name (print): _____

Signature: _____

Address: _____

Please ensure that your application is complete to be eligible for one of our scholarships.

Did you include?	Check if Completed √
1. **Completed Scholarship Application**; be sure to include a current email and phone number that you will respond to if need be.	
2. **Letter to the Scholarship Committee**. On separate pages, write an essay explaining why the health care profession and this scholarship are important to you. Include: • any community service you have participated in. • any organizations you belong to • any awards you have received • your strong characteristics	
3. College Transcript	
4. A letter from the Financial Aid Office indicating to the Committee the continued pursuit of a medically related course of study.	
5. A **recent** photograph of yourself suitable for use in publications.	
6. Signed Media Consent.	

If you are awarded a scholarship a thank you to the Scholarship Committee is always appreciated!

Scholarships are not renewable.