EMPOWER SCHOLARSHIP APPLICATION

Encourage Minority Participation in Occupations with Emphasis on Rehabilitation

Please send all the application checklist material together in one packet. Completed applications are accepted if they are postmarked by April 15.

Qualifications:
- The scholarship is open to ethnically diverse students who have been accepted to or enrolled in a post-high school program
- Resident of Minnesota or Western Wisconsin or attending school in Minnesota or Western Wisconsin
- Volunteer hours
- Pursuing a career in healthcare
- Minimum GPA of 2.0 on 4.0 scale
- Financial Need

Application Checklist:
- Completed application
- Volunteer service essay
- Financial Need Statement (on application)
- Two Reference Letters
  - One from a coordinator of volunteers verifying your service and number of hours
  - One personal reference – (i.e. teacher, coach, clergy, employment...)
- Copy of school transcript or acceptance letter

Please print in ink.

PERSONAL

First Name  Middle Initial  Last Name

Street Address  City/State/Zip

Telephone with Area Code  Email Address

Ethnic Origin (such as, but not limited to, African, African American, Native American, Asian, Pacific Islander, Hispanic)

EDUCATION  List in chronological order all schools attended, starting with high school.

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<tr>
<th>School</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Degree/Year Awarded</th>
<th>GPA</th>
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I have been accepted at the following college, university or technical school(s):

Describe how you anticipate using your educational training:
DISTINCTIONS - List any honors, scholastic or otherwise, that you have achieved or been awarded.


EMPLOYMENT HISTORY  List most recent work experience first.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Position</th>
<th>General Duties</th>
<th>Dates Employed (from/to)</th>
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COMMUNITY VOLUNTEER SERVICE - Please use a separate piece of paper to prepare a 300-400 word essay describing your volunteer experience, including any medical/rehabilitation career-related volunteer roles. Include detailed information about what you did, what you accomplished and gained from your experience and how it will assist you in your future endeavors.

FINANCIAL NEED – Please describe your financial need and how the EMPOWER Scholarship will support your future endeavors. Please be as specific as possible. For example, address how your financial obligations, lack of income and/or assistance from family members and/or other restrictions impact your ability to fully finance your education:


HOW DID YOU HEAR ABOUT THE SCHOLARSHIP OPPORTUNITY?


Please send all the application checklist material together in one packet. Applications are accepted if they are postmarked by April 15.

Signature  Date

Please mail completed application to:
Courage Kenny Rehabilitation Institute - Golden Valley Campus
Volunteer Services – EMPOWER Scholarship, 3915 Golden Valley Road, Minneapolis, MN 55422

If you have questions, please contact Volunteer Services at (612) 775-2728 or email CKRIEMPOWER@allina.com.