



Owatonna Hospital Auxiliary Scholarship Application

OWATONNA HOSPITAL AUXILIARY HEALTH RELATED and DONALD SANFORD NURSING SCHOLARSHIPS

These scholarships are available for students who reside in Steele County and to all Owatonna Hospital employees and their spouses and dependent children. The Donald Sanford Scholarship is for individuals who are **currently enrolled in nursing programs**. The Owatonna Hospital Auxiliary Scholarship is for individuals who are **currently enrolled in programs related to healthcare and entering at least their 2nd year of school**. Recipients of these scholarships will be selected on the basis of need and merit.

The following documents must be submitted together in one packet.

- A printed application
- High school transcript if you have not completed one or more years of college
- College transcripts if applicable
- Two (2) CURRENT letters of recommendation – These references should be from teachers, counselors, employers, or supervisors. Please do NOT use family members, friends or neighbors.

Your completed packet must be mailed to or dropped off at:

Owatonna Hospital
 Attn: Volunteer Services
 2250 NW 26th Street
 Owatonna, MN 55060

****APPLICATION DEADLINE: MONDAY, MARCH 18, 2019****

Please type your answers to ALL questions before printing the application. If more space is needed, you may continue writing your answers on the back after printing.

Applicant information

ARE YOU A RESIDENT OF STEELE COUNTY? Yes, No

ARE YOU, YOUR SPOUSE OR PARENT AN EMPLOYEE OF THE OWATONNA HOSPITAL? Yes, No

If you answered no to BOTH of these questions, you are NOT eligible for our scholarships. If you answered yes to one or both questions, please continue with the application.

Name (First, Middle, Last) _____

Address _____

Cell Phone _____ Home Phone _____

Email address _____

Major

What is your declared major or field of study?

Applicant's Household

Please tell us a little about your household: Who lives with you? What is their relationship to you? Do you have siblings attending college?

High School Education

Please list all high schools you have attended beginning with the most recent.

<u>School</u>	<u>City/State</u>	<u>Graduation Date</u>	<u>GPA</u>
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Post-Secondary Education

Please list all post-secondary schools you have attended (or plan to attend) beginning with the most recent.

<u>School</u>	<u>City/State</u>	<u>Expected Date or Graduation Date</u>	<u>GPA</u>
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Employment

Please list your employment history beginning with the most recent. Please give a brief description of your employment experience and job duties.

1. Employer:
Experience/Duties:

2. Employer:
Experience/Duties:

3. Employer:
Experience/Duties:

Healthcare Experience

Briefly explain any experiences you have had working in the healthcare field. This can include paid work or volunteer experience.

Goals

Do you have any goals following your education? Please explain:

Qualifications

Briefly explain why you feel qualified for this scholarship.

Need

Briefly explain why you are in need of financial assistance. Please include the total expected cost of your 2019-2020 tuition, room and board.

Please keep a copy of all the application materials for your records. We will send you an email letting you know we received your application materials.

Thank you for your interest in the Owatonna Hospital Auxiliary and Donald Sanford Scholarships.
The Owatonna Hospital Auxiliary Scholarship Committee