

# Scholarship Application

New Ulm Medical Center Foundation

Please check the following scholarship(s) you wish to apply for\*:

- Charlotte West Anderson     
  Ida Ozias     
  Mary E. Paquay  
 Carol L. Ryberg     
  Kay Witt

*\*Please note eligibility, process and selection criteria requirements are different for each scholarship, so ensure the requirements of the scholarships of which you are applying are reflected in your application. You are invited to apply for each scholarship of which you are eligible.*

*Each scholarship requires a personal essay along with copies of additional documentation. Applicants are required to only submit one essay and one copy of accompanied documentation which can be used for each corresponding scholarship being applied for. Application should be typed and only one application is required. Please do not staple the application.*

**Please save file to your desktop or file storage area prior to filling out application.**

## Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Educational Information

School Name/Address	Course Major/Minor	Last Year Attended	Duration of Time Attended	Diploma Degree	G.P.A.
<b>High School</b>					
<b>College/University</b>					
<b>Other</b>					

## Employment Experience (please list most recent to least recent)

1) Employer Name/Address \_\_\_\_\_ Dates \_\_\_\_\_

Position \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

2) Employer Name/Address \_\_\_\_\_ Dates \_\_\_\_\_

Position \_\_\_\_\_ Reason 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 2020-21 school year (e.g. tuition, room and board, fees and books) and how do you plan to finance them?

### Program Acceptance

Check the program in which you are currently enrolled:

L.P.N.       R.N. (2 Year)       R.N. - B.A./B.S.N. (4 Year)       M.S.N (Masters)

Other Program (please list): \_\_\_\_\_

(\*other only applicable to Charlotte West Anderson Scholarship)

Date accepted into program: \_\_\_\_\_ Expected date of graduation: \_\_\_\_\_

School Attending \_\_\_\_\_

Expected Degree Earned \_\_\_\_\_

I certify all information in this application and required attachments are correct and will notify New Ulm Medical Center Foundation of any changes.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

Please ensure your completed application form, essay, letters of recommendation, transcripts, and acceptance letter from accredited program is post-marked or delivered to the Foundation office by **April 1, 2020**:

Missy Dreckman-New Ulm Medical Center Foundation  
1324 5<sup>th</sup> North Street, New Ulm, MN 56073