

River Falls Area Hospital Foundation
Health Careers Scholarship for Non-Traditional Students
INITIAL SCHOLARSHIP INFORMATION

Program Goal

The goal of the scholarship program is to increase the number of health care providers practicing in the region served by River Falls Area Hospital. This region includes River Falls and the surrounding communities of Hudson, Ellsworth, Spring Valley and Prescott.

Program Description

Scholarships of \$1000 per academic session (up to \$2000 per academic year) are available to a limited number of non-traditional students pursuing careers in health care. The number of scholarships awarded will be determined by the board based on the number of applicants and available funds. Scholarship amounts for students enrolled part-time may be prorated based on need.

Eligibility

This scholarship is for non-traditional students. Applicants must have at least one year of work experience after high school. Applicants must live or work in the region served by the Foundation and be accepted or enrolled in an accredited program. The program does not have to be located in the region. In selecting recipients, preference will be given to applicants who demonstrate a commitment to work in the region, a history of community involvement and potential for academic success.

Application and Selection Process

Scholarship applications will be reviewed by the selection committee twice each year. The selection committee makes recommendations to the full board at the May and November board meetings. Applicants will be notified of the status of their application shortly after each board meeting. Scholarship awards are sent directly to the institution where the recipient is enrolled.

Recipients requesting a scholarship renewal will be required to complete a shortened application, provide proof of re-enrollment, and provide a copy (official or unofficial) of their transcript.

	Fall Session	Spring Session
Application Deadline	April 15	October 15
Board Decision	May meeting	November meeting
Notification	May 15	November 15

Initial Application Requirements

A completed application will include:

- 1) Completed application form;
- 2) A current resume;
- 3) Proof of enrollment or letter of acceptance into the program;
- 4) A one page essay explaining your interest in health care, your future plans, and any financial challenges you will face due to this course of study; and
- 5) Two completed reference forms, preferably from employers or instructors, sent by the reference directly to the address below.

Contact Information

Health Care Scholarship Program for Non-Traditional Students
c/o Miranda Thorsen
River Falls Area Hospital Foundation
1629 East Division Street
River Falls, WI 54022
(715) 307-6003
miranda.thorsen@allina.com

River Falls Area Hospital Foundation
Health Careers Scholarship for Non-Traditional Students
INITIAL SCHOLARSHIP APPLICATION

Personal Information:

Name _____
Address _____
County _____
Phone _____ Email _____

Have you previously received a scholarship from our foundation? ☐ Yes ☐ No

Do you have an undergraduate degree? ☐ Yes ☐ No

If yes, what degree? _____ From what school? _____ Date awarded? _____

How many years have you lived in this region? _____

Please provide a brief summary of your community involvement (attach additional pages, if necessary):

Educational Plans:

Program in which are you enrolled or admitted: _____

Name and location of school: _____

School calendar: ☐ Semesters ☐ Trimesters ☐ Quarters

Enrollment date: _____ Anticipated graduation date: _____

Enrollment status: ☐ Full Time ☐ Part Time

Number of credit hours for the upcoming session: _____

*What are your anticipated **annual** school-related expenses?*

Tuition	\$	
Books	\$	
Lab Fees	\$	
Other	\$	Please Explain:
TOTAL	\$	

Please describe any other sources of financial support for educational expenses, including scholarships and tuition reimbursement programs through your employer:

CERTIFICATION

I hereby certify the information submitted in this application is complete, accurate and true to the best of my knowledge. I understand that furnishing false information may result in revocation of my scholarship.

Signature of Applicant _____ Date _____

Please submit your completed application, along with the required attachments, to the contact address above. If submitting everything electronically, your electronic submission communicates your agreement with the above 'Certification' statements.

APPLICATIONS MUST BE RECEIVED BY April 15th or October 15th.