

CHI St. Joseph's Health

Second Year or Beyond Scholarship



Purpose

The purpose of the CHI St. Joseph's Health Second Year or Beyond Scholarship is to assist local students attending college or accredited higher education in the health care field. As a rural hospital, our goal is to provide opportunities for graduates to return and practice in our rural area. Those with a strong desire to practice in a rural community are ideal to apply.

Scholarships in the amount of **\$1,000** will be awarded to one or more students who graduated from Park Rapids, Nevis, Menahga, Sebeka, Laporte or Walker-Hackensack-Akeley schools and who are now attending second year or beyond higher education.

Application Requirements

- Complete scholarship information form, typed or filled out in ink, and **signed**.
- Attach an official college transcript and copy of ACT scores
- Attach a letter of recommendation prepared by a **current** academic counselor or instructor, noting scholastic and leadership abilities, and ability to succeed.
- Include a one page (double spaced) essay including the necessary information requested.
- If chosen, we will request a professional photo to be used for press releases. If a photo was submitted with a prior scholarship application, please indicate as that will be sufficient and an additional picture is not needed.
- Return completed application. Applications must be returned to CHI St. Joseph's Health Foundation by **Friday, April 3, 2020**.
- Award recipients will be notified by mail as soon as the decision is made in late May.

Selection Process

Selection will be based on the following factors: course of study, financial need, leadership skills, scholastic achievements, community involvement/work history, and expressed desire to work in a rural community.

Use of Information

The information submitted in this application is confidential. Demographic, academic, financial and any other information will be used only by scholarship committee. Personal information about scholarship winners may be used in local publicity and press releases.

Eligibility Requirements

- Must be enrolled or plan to enroll full-time (12 credit hours or more for summer or fall 2020) in a course of study leading to a certificate, diploma, license, associate or bachelor's degree in a health care field of study at an accredited two or four year college, university, vocational/technical school, nursing school or an institution accredited by an appropriate state licensing health care board.
- Must have completed school at Park Rapids, Nevis, Menahga, Sebeka, Laporte or Walker-Hackensack-Akeley schools.

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General Information Form

Name: (First, Middle, Last) _____

Mailing Address: _____

City: _____ **State & Zip Code:** _____

Phone: _____ **E-Mail:** _____

Name of area high school attended: _____

Name of institution in which currently enrolled during second year or beyond studies:

Health care field pursuing: _____

Type of Program & Date of Admission: ___ Associate Degree ___ Baccalaureate Degree
___ Diploma/Certificate ___ Masters Degree

Total Credits: ___ Will be attending classes from _____ to _____

Year anticipated to complete studies/graduate: _____

Are you the recipient of any other scholarships for this upcoming school year?

Yes No If yes, list scholarships and amount awarded:

Have you received a CHI St. Joseph's Health Scholarship in the past? Yes No

Anticipated School Costs for 2020-2021 Academic Year:

Tuition: \$ _____ Books: \$ _____ Housing: \$ _____ Board: \$ _____

Applicant Signature: _____ **Date:** _____

(Information provided is confidential and will not be used other than for CHI St. Joseph's Health Scholarship purposes.)

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Achievements

Cumulative GPA: _____

Achievements and Honors (List school & community activities, achievements and honors awarded during your second year and beyond time period):

*If including this information on a separate page, please limit to one page.

Employment History

Employer <small>*Most Current Employer First</small>	Job Title	How Long?	Supervisor's Name	Phone #

Essay Requirements

On a separate sheet of paper, please answer the questions below. This sheet must be typed. Please limit your answers to one page.

- Describe your goals as they pertain to your health care career. In what field or course of study are you majoring in and why?
- How do you plan to finance your education? Be as specific as you can about costs, personal and family resources and your anticipated need for financial assistance.
- Would you prefer a career in a rural or metropolitan health care setting?
- Provide any additional information you would like to share and that you feel is appropriate for consideration by the Scholarship Committee.

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Stop and double check. Did you enclose the following?

- Completed General Information and Achievement & Employment Forms
- Official college transcripts and copy of ACT scores
- One page (double spaced) essay
- Letter of recommendation

Submit scholarship applications by Friday, April 3, 2020 to:

Sonja Day
Scholarship Committee Chair
CHI St. Joseph's Health
600 Pleasant Avenue
Park Rapids, MN 56470

Email: sonjaday@catholichealth.net