

# CHI St. Joseph's Health Graduating High School Senior Scholarship



## Purpose

The purpose of the CHI St. Joseph's Health Graduating Senior Scholarship is to assist local students pursuing higher education in health care. 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 from the communities of Park Rapids, Nevis, Menahga, Sebeka, Laporte or Walker-Hackensack-Akeley.

## Application Requirements

- Complete scholarship information form, typed or filled out in ink, and **signed**.
- Attach an official school transcript (signed by a high school counselor **or** teacher) **AND** copy of ACT scores.
- Attach a letter of recommendation prepared by an 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
- Return completed application. Applications must be returned to CHI St. Joseph's Health Foundation by **Friday, April 3, 2020**. Scholarship recipients selected will be notified at their respective award/commencement ceremonies.

## 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.
- Must be in Satisfactory plus academic standing (minimum of "C+ or 2.5 GPA" average).

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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 currently attending: \_\_\_\_\_

Name of institution you will be attending summer or fall 2020:  
\_\_\_\_\_

Health care field pursuing: \_\_\_\_\_

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

Yes  No If yes, list scholarships and amount awarded:

Anticipated School Costs for 2020-2021 Academic Year:

Tuition: \$ \_\_\_\_\_ Books: \$ \_\_\_\_\_ Housing: \$ \_\_\_\_\_ Board: \$ \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_

## ALL THREE SIGNATURES REQUIRED

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Representative 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):

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

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## 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 transcript 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](mailto:sonjaday@catholichealth.net)