



Windom Area Health Foundation &  
Sanford Health Network

Foundation

## 2019 Scholarship Application

Windom Area Health Foundation will award several \$1,000.00 scholarships to students expressing an interest in a healthcare profession. Students must have a grade point average of 3.0, OR be officially accepted into a healthcare program in order to be eligible for the scholarships. Scholarships are not tied to an employment commitment. All applications must be neatly typed or printed in blue or black ink.

In addition, applicants may be eligible for an additional scholarship from Sanford Health Network. For those students who meet the criteria for the Sanford Health Network Scholarship, Windom Area Health will forward your application on to Sanford. **While this is a separate process and award, only one application is required in order to be considered for both.** You MAY apply for the Windom scholarship, even if you don't qualify for the Sanford portion.

Both scholarship awards are for **one year only**. All applicants must resubmit an application each year they wish to apply.

### **Need to submit for consideration for Windom Area Health Foundation scholarship:**

- Completed application form
- Proof of enrollment from a post-secondary institution (if not in attendance yet, acceptance letters are fine).
  - o If you are enrolled in a specific healthcare program (i.e. nursing), proof of this should be provided.
- Original, official transcript of grades from your last completed semester of study at your most recently attended educational facility -- must include cumulative GPA. Unofficial transcripts, copies, print-out of grades, or faxes will not be accepted. Please allow time for your school's administrative office to complete the request considering the deadline.
- Scholarship essay addressing all of the following:
  - o Reasons for choosing a healthcare profession
  - o Career goals after graduation and how the scholarship will help you achieve them
  - o Extracurricular activities and community involvement
- Three professional references (use form attached to application).

### **In order to be considered for scholarship funds from Sanford, applicant must also:**

- Have been selected to receive a scholarship from Windom Area Health Foundation.
- Be officially accepted into a healthcare program at your chosen school. General enrollment is not acceptable for this portion of the scholarship process.
- Have a cumulative grade point average of 3.0 or greater, calculated on a 4.0 grading scale.

**\*\*There is a lifetime limit of \$4,000 from Sanford scholarships.**

The completed application must be **POSTMARKED BY Friday, March 15<sup>th</sup>, 2019**. Send materials to Windom Area Health Foundation, Attention Emily Masters, PO Box 339, Windom, MN 56101. Questions or scanned applications can be directed to Emily Masters at [emily.masters@sanfordhealth.org](mailto:emily.masters@sanfordhealth.org) or 507-831-0625.

### **Selection process:**

Windom Area Health Foundation and Sanford Health Network scholarship recipients will be selected based upon application information, GPA, essay, references, and overall rate of success. All decisions are final. All applicants will receive written notification of the scholarship decisions.

All recipients will be requested to submit a recent photograph for use in our newsletter and other media.

**Windom Area Health Foundation & Sanford Health Network  
SCHOLARSHIP APPLICATION  
2019**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Name: \_\_\_\_\_ Status (full-time or part-time): \_\_\_\_\_

School Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Healthcare Program enrolled in: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Education (i.e., high school, college, vocational school):

Name of School	City/State	Graduation Date	Degree
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Have you ever been employed with Windom Area Health, Sanford Health or any of its affiliates? \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_ Location \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_ Location \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_ Location \_\_\_\_\_

Have you ever worked in healthcare? \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_

Dates \_\_\_\_\_ to \_\_\_\_\_ Title \_\_\_\_\_ Company \_\_\_\_\_

Have you previously received a Sanford or Windom Area Health scholarship? \_\_\_\_\_

Which one? \_\_\_\_\_ When? \_\_\_\_\_ \$ \_\_\_\_\_

Which one? \_\_\_\_\_ When? \_\_\_\_\_ \$ \_\_\_\_\_

I certify that the information in this application is complete and accurate. I understand that any falsification of the required information will disqualify me from receiving scholarship funds.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SPONSORING FACILITY \_\_\_\_\_

CEO/ADMINISTRATOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Sponsoring facility must approve and submit completed application (with documentation). Send to:  
[networkscholarship@sanfordhealth.org](mailto:networkscholarship@sanfordhealth.org) or mail to 900 W. Delaware, Sioux Falls, SD 57104.

**WINDOM AREA HEALTH FOUNDATION & SANFORD  
HEALTH NETWORK REFERENCE FORM**

Scholarship Applicant Name \_\_\_\_\_

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How long have you known this applicant? \_\_\_\_\_

In what capacity have you known this applicant?

- 1) Instructor (current or past) \_\_\_\_\_
- 2) Supervisor (current or past) \_\_\_\_\_
- 3) Co-worker (current or past) \_\_\_\_\_
- 4) Mentor (coach, church leader, etc.) \_\_\_\_\_
- 5) Community leader \_\_\_\_\_

Opposite each ability and/or attitude, check the most appropriate category:

	Below Average	Average	Above Average	Excellent	No Basis for Opinion
Scholastic Ability					
Initiative					
Ability to work with people					
Confidence					
Acceptance of criticism					
Self-discipline					
Dependability					
Honesty					
Reaction to stress					
Efficiency					
Accountability					
Organizational ability					
Ability to make decisions					
Interest in learning					

Overall Evaluation: (Circle one) Highly Recommend    Recommend    Recommend with Reservations

Comments: \_\_\_\_\_  
\_\_\_\_\_

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

Job Title: \_\_\_\_\_ Organization: \_\_\_\_\_