

**CHI St. Joseph's Health
Instructions for Scholarship Application
(Graduating High School Senior)**

Foundation

PURPOSE: The purpose of the CHI St. Joseph's Health Scholarship is to assist local students in pursuing higher education in health care. As a rural hospital, our goal is to provide opportunities for graduates to return to our rural area. Scholarships in the amount of **\$1,000** will be awarded annually to one or more students from the communities of Park Rapids, Nevis, Menahga, Sebeka, Laporte or Walker-Hackensack-Akeley.

1. **Complete CHI St. Joseph's Health Scholarship Information Form** typed or filled out in ink and signed. The scholarship application consists of the academic, financial, extra-curricular activity, community involvement/leadership sections and response to essay questions.
2. **Attach an official school transcript** signed by a high counselor or school representative and a copy of ACT scores.
3. **Attach a letter of recommendation** prepared by an academic counselor or teacher, noting scholastic and leadership abilities, and ability to succeed.
4. **Include a one page (double spaced) essay** including the necessary information requested in the application.
5. **Attach a professional photo.**

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.

RETURN COMPLETED APPLICATION BY Friday, April 15, 2016. Scholarship awards will be announced at the school's annual scholarship awards program or graduation ceremonies or notified by mail as soon as the decision is made in mid-May.

Use of Information

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

Eligibility Requirements for Scholarships

1. Must be enrolled full-time (12 credit hours or more) in a course leading to a certificate, diploma, license, associate or bachelor's degree in a health care field 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.
2. Must be a current high school senior residing in the communities of Park Rapids, Nevis, Menahga, Sebeka, Laporte or Walker-Hackensack-Akeley communities, graduating in the spring 2016, and attending college in the upcoming fall.
3. Must be in Satisfactory plus academic standing (minimum of "C+ or 2.5 GPA" average).

**CHI St. Joseph's Health
Scholarship Information Form**

Name: (First, Middle, Last) _____

Mailing Address: _____

City: _____ State & Zip Code: _____

Phone: _____ E-Mail: _____ Date of Birth: _____
Mo Day Yr

Name of area high school currently attending: _____

Name of school you will be attending in the fall:

Health care field pursuing:

Are you the recipient of any other scholarships for this upcoming school year?
 Yes No If so, list scholarships and amounts:

Anticipated School Costs for 2016-2017 Academic Year:

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

Father's Name _____ Employer _____

Mother's Name _____ Employer _____

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 Care Scholarship purposes.)

CHI St. Joseph's Health Scholarship Application Form

Cumulative GPA: _____ Class Rank/Class Size: _____ ACT Score: _____

Achievements and Honors (List school & community activities, achievements and honors awarded):

Employment History:

List current employer first

Employer	Job Title	How Long?	Supervisor	Phone #

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

1. *Describe your long term professional goals as they pertain to your chosen health care career. In what field or course of study do you plan to major or in and why?*
2. *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.*
3. *Do you prefer a rural health care setting?*
4. *Provide any additional information you would like to share and that you feel is appropriate for consideration by the Scholarship Committee.*

Stop and double check. Did you enclose the following?

- Completed Application Form
- Official school transcript (signed by counselor) and copy of ACT scores
- One page (double spaced) essay
- Letter of recommendation
- Professional photo

Submit scholarship applications by **Friday, April 15, 2016 to:**

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

Email: sonjaday@catholichealth.net