



**2012-2013 Health Care College Scholarships
for Employees or Volunteers at St. Cloud Hospital**

Provided by St. Cloud Hospital Volunteer Auxiliary

St. Cloud Hospital Volunteer Auxiliary will award scholarships for the 2012 Fall Semester for students pursuing a career in health care. Payment will be made in two installments, directly to the successful applicant's school.

To be eligible for consideration, an applicant must:

1. Be employed full time, part time, casual staff, or as a reserve staff, or be a St. Cloud Hospital active volunteer.
2. Meet one of the following criteria:
 - Enrolled in a health care degree program as a sophomore, junior or senior;
 - Enrolled in a BSN (Baccalaureate of Nursing) or health care student program;
 - Enrolled in a LPN (Licensed Practical Nursing) program.
3. Demonstrate involvement in community and/or school activities.

Each applicant must:

1. Complete the application form on the reverse side.
2. Attach a list of your school, community and work activities including your volunteer work. Please include the activity, years, and any awards you received.
3. Attach your transcript from the current year, which needs to include your cumulative grade point average.
4. Attach a copy of your letter of enrollment into the health care program.
5. Attach an essay of no more than two, double-spaced typed pages. The essay should outline the following:
 - Your career goals;
 - Factors that influenced you to choose a health care career.

If any of the above materials are not provided, your application will automatically be disqualified.



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To be completed by applicant (Print or Type)

Name: _____
Last First Middle

Address: _____
Street City State/Zip Code

Phone Number: _____ School Attending: _____

Graduation Date: _____

Health Care Career:

- | | | |
|---|-----------------------------|-----------------------------|
| _____ Dietitian | _____ Physical Therapist | _____ Respiratory Therapist |
| _____ Licensed Practical Nurse (LPN) | _____ Physician | _____ Social Worker |
| _____ Medical Technologist | _____ Radiology Tech | _____ Speech Therapist |
| _____ Occupational Therapist | _____ Registered Nurse (RN) | _____ Pharmacist |
| _____ Other (Please specify in the space provided.) _____ | | |

Type of Program: _____ Associate Degree _____ Bachelor's Degree _____ Other-Please Specify

Anticipated College Graduation Date: _____

Type of Nursing Program (if applicable): _____ Associate Nursing Degree
 _____ Baccalaureate Nursing Degree
 _____ Masters, PhD or DNP

In Fall 2012 I will be a: _____ Sophomore _____ Junior _____ Senior

Are you a: _____ Hospital Employee _____ Volunteer

Number of years you have been an employee or a volunteer at St. Cloud Hospital: From ___/___ to ___/___

Number of hours per week you work or volunteer: _____

Have you received past scholarships from the St. Cloud Hospital (Please circle one) YES NO

Work History

<u>Job</u>	<u>Title</u>	<u>Year</u>

I voluntarily give the St. Cloud Hospital Healthcare Scholarship Committee the right to make an inquiry about my activities and educational record and agree to cooperate in said inquiry. I release from liability all persons, companies, corporations or schools supplying information.

Student's Signature _____ Date: _____

Parent's Signature (if younger than 18) _____ Date: _____

Application to be postmarked by Friday, March 16, 2012

Return to: St. Cloud Hospital
 Attention: Gail Ziemer, Education & Professional Development
 1406 Sixth Avenue North - St. Cloud, MN 56303-1901