



2012-2013 High School Health Care Scholarships

Provided by St. Cloud Hospital Halenbeck Fund

St. Cloud Hospital Halenbeck Fund 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:

- Be a high school senior **enrolling** in a health care-related degree program;
- Have a grade point average of 2.8 or above;
- Demonstrate involvement in community, school or work activities.

Each applicant must:

1. Complete the application form on the reverse side.
2. Attach a list of school, community and work activities, including volunteer work. Please include the activity, years, and any awards received.
3. Attach transcript from the current academic year. Transcript must include cumulative grade point average.
4. Attach a copy of 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: _____ High School Attending: _____

Graduation Date: _____

Health Care Career:

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

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

Anticipated College Graduation Date: _____

Are you a: Hospital Employee Volunteer

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

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: _____

Number of hours per week you work or volunteer: _____

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

Application to be postmarked by Friday, March 16th 2012

Return to: St. Cloud Hospital

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