



**Advanced Practice Provider Scholarship
CentraCare Foundation**

Awards:

Four successful scholarship recipients will be awarded \$1500 scholarships. Two scholarships will be awarded from each of the following funds of the CentraCare Foundation:

Sue and Terry Pladson Fund

Mark and Karla Donlin Fund

The scholarship will be sent directly to the financial aid office of the school indicated.

To be eligible for consideration an applicant must:

- Be employed, or previously employed at a CentraCare entity (includes hospitals and clinics);
- Be enrolled in a Nurse Practitioner, Physician Assistant or CRNA Advanced Practice Program;
- Demonstrate qualifications through references, work experience, and professional medical goals and achievements.

Each applicant must submit the following:

- Scholarship application form--(see attached form);
- Resume or curriculum vitae--(*include employment history, education history, community and volunteer work experience and leadership roles*);
- Two letters of recommendation--(*not a relative but a mentor, community leader, instructor, etc.*);
- Transcript from the current academic year including GPA (if available). Copy of letter of enrollment into an accredited program.

Application and materials must be postmarked by June 1st, 2020

The application will be disqualified if any of the required materials are not provided.

Return to: CentraCare Foundation
1406 Sixth Avenue North - St. Cloud, MN 56303-1901



Advanced Practice Provider Scholarship Application

To be completed by applicant. Please print or type.

Name: _____
Last First Middle Initial

Address: _____
Street City State/Zip Code

Phone: _____ Email: _____

Advanced Practice Program Enrolled (include program/school name and address):

Anticipated Graduation Date:

Degree Pursuing:
 Physician Assistant
 Nurse Practitioner– specialty: _____
 Certified Registered Nurse Anesthetist
 Other: _____

Number of Years as CentraCare entity* employee: _____

Name of CentraCare entity and Department: _____

*CentraCare entity includes clinics and hospitals

Please list your Academic and Professional involvement and Volunteer Work in which you have been involved during your Health Care Career:

Academic and Professional Involvement Year

Volunteer Involvement: Year

Describe in essay style your professional medical goals and professional achievements in 300 words or less: (Please attach separate sheet).

I voluntarily give the scholarship selection committee the right to make an inquiry of my references, activities and educational record and agree to cooperate in said inquiry. I release from liability all persons, companies, corporations or schools supplying information.

Applicant Signature: _____ Date: _____