

2021 High School Health Care Scholarships Provided by CentraCare Foundation – Long Prairie

CentraCare Foundation – Long Prairie Scholarship program was established to encourage and promote qualified individuals from the hospital's service area to pursue a health care career. The scholarship will aid in funding education at any accredited training program at any college or university. Recipients are selected using a selection process from the eligibility criteria as stated below. Awards are made without regard to race, color, creed, religion, sex, disability, national origin, or financial need. Incomplete applications will not be considered.

Award:

Two (2) \$500 scholarships will initially be awarded annually. One \$500 check will be made out jointly to each recipient and to each recipient's chosen post-secondary institution's financial aid office at the beginning of the second quarter/semester, after CentraCare Foundation – Long Prairie receives the required documentation. The scholarship is to be used for tuition, fees and/or books anytime during the recipient's healthcare program. It is not transferable between colleges or universities. If a recipient decides to no longer pursue in a health-related career prior to their second quarter/semester, award monies will be forfeited to CentraCare Foundation – Long Prairie Scholarship Fund.

Applicant Criteria:

- Must be a graduating high school senior in the CentraCare – Long Prairie service area from Long Prairie Grey Eagle High School.
- Has a minimum high school cumulative grade point average of 3.0 on a 4.0 scale.
- Is pursuing a health-related career.
- Has prior experience in a health-related program such as Healthcare Career Class, hospital or nursing home job or volunteer work.
- Participates in community activities.
- Estimated financial need. (*estimated cost of schooling*)

Application Procedure:

The following materials must be completed and postmarked or received via email by **April 2, 2021**:

1. Completed and signed application form. Please print or type.
2. Short essay describing interest in health-related field, not to exceed 500 words.

Mailing Address:

CentraCare Foundation – Long Prairie
Attn: Nicole Bjerke, Senior Development Officer
50 CentraCare Drive
Long Prairie MN 56347

Phone: 320-732-7337

E-mail: bjerken@centracare.com



50 CentraCare Drive
 Long Prairie, MN 56347
 320-732-7337
 e-mail: bjerken@centracare.com

SCHOLARSHIP APPLICATION

| STUDENT DATA: | | | |
|---------------|------------|----------------|--|
| Last Name | First Name | Middle Initial | |
| Phone Number | | | |
| Home Address | | | |
| Parents | | | |
| High School | | | |

| HEALTHCARE PROGRAM DATA: | |
|--------------------------|------------------------|
| College or University | |
| Address | |
| Phone | |
| Healthcare Program | |
| Length of Program | Anticipated Start Date |

| APPLICATION INFORMATION: | |
|--|--------------|
| Cumulative Grade Point Average (G.P.A. on scale of 4.0) | Class Rank % |
| List prior health related jobs or volunteer program involvement: | |
| | |
| List academic and special recognition: | |
| | |
| List school activities and participation: | |
| | |
| List community activities and service: | |



50 CentraCare Drive
 Long Prairie, MN 56347
 320-732-7337
 e-mail: bierken@centracare.com

SCHOLARSHIP APPLICATION

| FINANCIAL INFORMATION: | | | | |
|--|---------------|---|---|-------------------------------|
| Estimated annual cost of program including tuition, books, supplies, etc. (Do not include costs such as housing, food, transportation, etc.) | | | | |
| | | | | |
| Complete the following graph by listing known information and checking boxes appropriately. | | | | |
| Grant(s) and/or Scholarships(s) | Dollar Amount | Received | Pending | Expected Date or Notification |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| PERSONAL STATEMENT: |
|---|
| Write a Personal Statement describing your career goals, leadership abilities and why you selected this healthcare program. The personal statement should not exceed 500 words. |
| Please attach typed Personal Statement |

Applicant Signature:

I certify that the above information is correct.

Applicant: _____ Date: _____

Counselor: _____ Date: _____

and/or

Principal: _____ Date: _____