

William J. Held, M.D. Memorial Scholarship of the CentraCare Foundation

Background

Dr. William Held was a radiologist at St. Cloud Hospital from 1967 until his untimely death in July 1988. In memory of his work and due to Dr. Held's interest in education, this scholarship fund was established to help students who have successfully completed their first year of the radiologic technology program at the St. Cloud Hospital School of Radiologic Technology. One student will be awarded a scholarship annually. The awards will be made without regard to race, color, creed religion, sex, disability or national origin. Incomplete applications will not be considered.



Dr. Held

Award

The successful scholarship recipient will receive a \$1,000.00 credit, which will be made to their account at the St. Cloud Hospital School of Radiologic Technology.

Award Criteria

- Enrolled full time, in good academic standing and completing the first year in the St. Cloud Hospital School of Radiologic Technology Program.
- Plans to continue a second year with the St. Cloud Hospital School of Radiologic Technology Program as a full-time student.
- Submits the required application materials on or before the deadline date of June 1, 2021.
- Required training for a current profession, including continuing education credit, is not eligible. Expenses related to certification or licensures are not eligible. A Selection Committee appointed by the CentraCare Foundation will determine whether a course of study is eligible.

Application Procedures

The following materials must be complete and returned by June 1, 2021:

- Signed Application Form
- Letters of Recommendation
- Enrolled full time and completed 1st year of the program
- Essay
- Resume or Biographical Sketch
- Current Transcript

Letter of Recommendation

Two letters of recommendation to be written by a program director, teacher, counselor, and/or employer of the applicant's choice. Please write a letter of recommendation for the candidate which comments on his/her leadership abilities, initiative, and why this award would be significant to the applicant.

****NOTE**** The Selection Committee uses a blind selection process. Please refer to the applicant as "the candidate" or "the applicant", etc. Do not refer to the applicant by name except at the top of this page. Thank you.

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(Please print or type)

Name: _____
(Last) *(First)* *(Middle)*

Address: _____

Phone # _____ **Email:** _____

Are you currently enrolled as a full-time student in the St. Cloud Hospital School of Radiological Technology program? _____ **Yes** _____ **No**

Please list work related experiences for the most recent 2 years:

<u>Employer</u>	<u>Location</u>	<u>Date</u>

Please list two references (preferable to list an employer):

<u>Name</u>	<u>Phone number</u>	<u>Relationship</u>

Essay: Essay should be no more than one typed page. Essay should reflect your career goals, any experience in the radiological field as a volunteer, student or employee and what influenced you to choose this career. Also include any extenuating circumstances you think the committee should consider in your application.

Please state the dollar amount of tuition that student/family must pay per academic year, beyond any grants or scholarships: \$ _____

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.

Student Signature: _____ Date: _____

Transcript attached _____ Essay attached _____ Application form signed _____
Letter of Recommendation _____ Resume or Biographical Sketch _____

Application to be postmarked by **June 1, 2021**
Return to: Held Scholarship Committee, c/o CentraCare Foundation,
1406 6th Avenue North, St. Cloud, MN 56303