

# Scholarship

The CentraCare Foundation – Melrose Scholarship program was established to encourage and promote qualified individuals to pursue or continue a health care career. Two scholarships will be given out each year. **One scholarship will be given out to a current Melrose Area High School student who will be or is enrolled in a health-related field, and one scholarship will be awarded to a current employee** who wishes to further their health care education. 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) \$1,000 scholarships will be awarded. After CentraCare Foundation – Melrose receives the required documentation. One \$1,000 check will be issued to each recipient's chosen post-secondary institution's financial aid office at the beginning of the second quarter/semester. 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 – Melrose.

## Applicant Criteria:

- Must be a current high school senior from the CentraCare – Melrose service area.
- 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 health care career class, hospital or nursing home job or volunteer work.
- Estimated financial need. (*estimated cost of schooling*)  
OR
- Is a current employee at CentraCare – Melrose.

## Application Procedure:

We will only be accepting applications via email. Please complete the scholarship application form at <https://www.centracare.com/locations/centracare-melrose/scholarships/>. Send the application form and your essay to <mailto:baumj@centracare.com>. You will receive a confirmation email that it was received within three business days. Please contact Julie immediately if there is a problem. Thank you and good luck.

The following materials must be completed by **March 24, 2021**:

1. Completed Application Form.
2. Short Essay or personal statement describing your career goals, leadership abilities and why you selected this healthcare career path, not to exceed 250 words.

CentraCare Foundation – Melrose  
Julie Baum, Development Officer

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**\*PLEASE DO NOT USE STAPLES.**

## SCHOLARSHIP APPLICATION

STUDENT DATA:					
Last Name		First Name		Middle Initial	
		Phone #			
Home Address					
Parents					
High School					
EMPLOYMENT DATA:					
Date of Employment		Primary Department		Supervisor	
HEALTH CARE PROGRAM DATA:					
College or University					
Address					
Email of school					
Health Care 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:					

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## 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:

Type a short essay or personal statement describing your career goals, leadership abilities and why you selected a health care program, not exceed 250 words.

**Applicant Signature:**

I certify that the above information is correct.

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_