

2021 Rosalie Timmers Memorial Scholarship for St. Cloud Hospital Junior Volunteers

Provided by Rosalie Timmers Memorial Fund

The family of Rosalie Timmers will award scholarships for the upcoming school year to current or former St. Cloud Hospital Junior Volunteers who are pursuing a career in health care. Payment will be made directly to the scholarship recipient's school.

To be eligible for consideration an applicant must:

- Have provided service as a St. Cloud Hospital Volunteer
- 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 include the following:
 - a. Explain the impact volunteering at SCH has made on you and your career goals.
 - b. Discuss the applicants career goals.
 - c. Explain factors that influenced the applicant to choose a healthcare career.

Application forms can be obtained through Volunteer Services, volunteer@centracare.com, (320) 255-5638 or www.centracare.com.

Application and materials to be postmarked by May 10th 2021

Return to: St. Cloud Hospital Volunteer Program
Attention: Scholarship Committee
1406 Sixth Ave N, St. Cloud, MN 56303

If any of the required materials are not provided, the application will be disqualified.



2021 Rosalie Timmers Memorial Scholarship for St. Cloud Hospital Junior Volunteers

Provided by Rosalie Timmers Memorial Fund

To be completed by applicant. Please print or type.

Name: _____

Address: _____

Last

First

Middle

Street

City

State/Zip Code

High School Attending: _____ Graduation Date: _____

Phone: _____ Number of St. Cloud Hospital volunteer hours served: _____

Health Care Career goals:

_____ Dietitian _____ Physical Therapist _____ Respiratory Therapist

_____ Licensed Practical Nurse (LPN) _____ Physician _____ Social Worker

_____ Medical Technologist _____ Radiology Tech _____ Speech Therapist

_____ Occupational Therapist _____ Registered Nurse (RN) _____ Pharmacist

_____ Other (Please specify.) _____

Type of Program: Associate Degree _____ Bachelor's Degree _____ Other (please specify): _____

College/University attending in 2021/2022: _____

Anticipated College Graduation Date: _____

Are you a CentraCare Employee? ___ Yes ___ No

Have you received CentraCare or St. Cloud Hospital scholarships in the past? ___ Yes ___ No

Work History:

Employer

Title

Year

<u>Employer</u>	<u>Title</u>	<u>Year</u>

I voluntarily give the St. Cloud Hospital Health Care 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/Guardian Signature (if under 18 years of age): _____ Date: _____

Application and materials to be postmarked by May 10th 2021

Return to: St. Cloud Hospital Volunteer Program
Attention: Scholarship Committee
1406 Sixth Ave N, St. Cloud, MN 56303