



### **St. Cloud Hospital Nursing Alumni Scholarship Fund**

The St. Cloud Hospital Nursing Alumni Scholarship Fund was established to be an ongoing memorial to the school. The purpose of the fund is to support nursing education and recruitment of viable candidates into the profession through financial assistance.

Applicants do not need to be a graduate or family member of St. Cloud Hospital School of Nursing alumni. All Nursing Students are encouraged to apply.

The criteria for selection of candidates established by the Alumni Board with the assistance of the CentraCare Foundation are as follows:

To be eligible for consideration an applicant must be:

- Enrolled in an undergraduate or technical program in the nursing field
- Maintain a grade point average of at least 3.0
- Demonstrate community involvement and civic and social engagement
- Applications will be accepted regardless of geographic location of residence

Each applicant must:

- Complete application form by May 1
- Attach a current transcript
- Provide a typed essay that outlines the applicant's career goals and factors that lead to choose a health care career
- Provide two letters of reference

**Nursing College Scholarship for  
St. Cloud Hospital School of Nursing Alumni Scholarship**

(Please print or type)

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden Name)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Are you accepted into a nursing program Yes No  
Name of school attending next school year: \_\_\_\_\_  
Address \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Degree Seeking: ADN Diploma BSN/BAN MSN PhD CRNA APRN  
Other Advanced Nursing Degree \_\_\_\_\_

In the Fall, I will be a: Sophomore Junior Senior  
Are you a St. Cloud Hospital School of Nursing Alumni (SCHSONA) Yes No  
Year of graduation \_\_\_\_\_ Are you a child or grandchild of a SCHSONA Yes No  
Name of Alumni \_\_\_\_\_ Alumni Year of Graduation \_\_\_\_\_

Please list any Community Involvement or Civic/Social Engagement activities in which you have been involved during your post-secondary education. If you need more room, please attach additional sheet.

<u>Civic and Social Involvement</u>	<u>Year</u>
_____	_____
_____	_____
_____	_____

<u>School and Healthcare Involvement</u>	<u>Year</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 two typed pages. Essay should reflect your career goals, any experience in the nursing field as a volunteer, student or employee, and what influenced you to continue your nursing education (if applicable).

**What other scholarships are you receiving?** \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

*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. I give the scholarship committee the right to share my story.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Transcript attached \_\_\_\_ Essay attached \_\_\_\_ Application form signed \_\_\_\_ (2) Letters of reference attached \_\_\_\_

**PROCESS:** Submit Application form, transcripts (from last 2 years of college or high school) a copy of typed essay, and (2) letters of reference. Application to be postmarked by **May 1**.

**Return to:** CentraCare Foundation, 1406 6th Avenue North,  
St. Cloud, MN 56303, Attn: Nursing Alumni Scholarship Committee  
The scholarship will be sent directly to the financial aid office of the school you have listed.