

Houle Medical Mission Scholarship Application

Funded by Nicholas & Terese Houle Fund of the
CENTRACARE FOUNDATION

CentraCare Foundation engages the philanthropic community to improve health and health care. Its primary geographic focus is communities served by CentraCare; however, we also serve people around the world through the vision and generosity of our benefactors.

Nicholas & Terese Houle support teams of people who can help meet the health care needs of people in developing countries including the country of Honduras. Below are the criteria and eligibility requirements of the Medical Mission Scholarship.

ELIGIBILITY:

- The applicant has applied to volunteer on a medical mission trip with a qualified organization to Honduras or other parts of the world within 12 months of applying for a scholarship. The organization coordinating the mission must be a US based qualified non-profit group.
- Individuals may apply who have received a previous scholarship.
- The applicant is not a family member of Nicholas & Terese Houle.
- Preference will be given to an applicant that is a current or former employee of CentraCare or has a family member who is a current or former employee of CentraCare.
- Medical students may apply, practicing physicians are not eligible.

APPLICATION:

- The application deadline is August 15. Your application must be complete, legible and submitted by the deadline.
- Attach a copy of your application to the qualified organization such as the International Health Service.
- Applications are to be mailed to CentraCare Foundation, 1406 6th Avenue No., St. Cloud, MN 56303 Attn: Sandy Spoden or via email to spodens@centracare.com
- Grants will be awarded to the qualified sponsoring organization in the applicant's name. No grants will be awarded directly to an individual.

OVERVIEW:

- Describe the need for the project or program.
- Describe why you would like to volunteer on the mission.
- If a full amount is not awarded, describe how you will pay for the balance to attend the program.

REPORTING REQUIREMENTS: Successful grant receipts will be required to:

- Submit a 1-page summary of the experience including what you have learned and how the experience has impacted your life.
- Communicate to others regarding the impact and importance of volunteerism through one of the following and submit a copy of the materials presented to the CentraCare Foundation.

Presenting to one or more of the following: a professional group, service club, university, civic organization, church group or other community groups to promote volunteering and the importance of service projects such as this one. Publish an article for a newsletter at your workplace, for your professional organization, church, university chronicle or civic club.



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Applicant Information:

First and last name: _____

Daytime Phone: () _____ E-mail: _____

Address: _____ City/State/Zip: _____

Applicant is: (please check one below)

Current employee of CentraCare or its entities

Former employee of CentraCare or its entities

A relative of current or former employee

Is not a current or former employee nor is related to a CentraCare employee

Name of Employee of CentraCare _____

Name of the 501(c)3 Medical Mission Organization:

Name: _____ Phone: () _____

Address: _____ City/State/Zip: _____

Number of volunteers in the group: _____

Country where activities will occur: Honduras

Other _____

Application – Use additional space if needed. Please type or write legibly.

1. Describe the need. _____

2. Why you would like to volunteer on the mission? _____

3. Do you bring a special skill to the team you will travel with?

4. Have you received assistance before from CentraCare? Yes No

If so, when? How much? _____

5. If a full amount is not awarded, describe how you will pay for the balance to attend the program. _____

6. Attach a copy of your application to the qualified organization coordinating your medical mission or an acceptance letter from the organization.

By signing this document, I agree and will comply with all terms and reporting requirements listed.

Signature: _____ Date: _____