



High School Health Care Scholarship Provided by CentraCare - Dr. Philip Halenbeck Education Fund

*Dr. Philip Halenbeck Education Fund will award scholarships for the 2022 Fall Semester.
Payment will be made directly to the successful applicant's school.*

To be eligible for consideration, an applicant must:

- 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 pages, double-spaced typed pages telling us about you and your career plans.

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



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To be completed by applicant (Print or Type)

Name: _____
 Last First Middle

Address: _____
 Street City State/Zip Code

Phone Number: _____ Email address: _____

High School Attending: _____

Career:

<input type="checkbox"/> Accounting	<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Physical Therapy
<input type="checkbox"/> Health Care Administration	<input type="checkbox"/> Medical Billing & Coding	<input type="checkbox"/> Public Health
<input type="checkbox"/> Health Care Management	<input type="checkbox"/> Medical Lab Tech/Scientist	<input type="checkbox"/> Radiology Technology
<input type="checkbox"/> Health Care Communication	<input type="checkbox"/> Medical Technology	<input type="checkbox"/> Registered Nurse (RN)
<input type="checkbox"/> Communication – Public Relations	<input type="checkbox"/> Medical Office Administration	<input type="checkbox"/> Respiratory Therapy
<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Social Work
<input type="checkbox"/> Information Services	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Surgical Technology
<input type="checkbox"/> Licensed Practical Nurse (LPN)		
<input type="checkbox"/> Other (Please specify in the space provided.) _____		

Type of Program: Associate Degree Bachelor’s Degree Other (Please Specify)

Work History:

Employer	Job Title	Year

I voluntarily give the CentraCare Healthcare 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’s Signature (if younger than 18): _____ Date: _____

Application to be postmarked or emailed by February 1, 2022.

Return to CentraCare - St. Cloud Hospital
Attention: Gail Schmidt, Education & Training
1406 Sixth Avenue North - St. Cloud, MN 56303-1901
OR email to gail.schmidt@centracare.com