

**PERHAM HEALTH
HEALTH CARE CAREER SCHOLARSHIP PROGRAM
Scholarship Application - 2012**

Perham Health, together with its employees, is proud to make available this health care career scholarship program. Five scholarships will be awarded each year for the amount of **\$1000 (\$500 per semester)**. Scholarships are available to anyone currently enrolled, or planning to enroll, in a continuing education program related to the health care field. Applications will be accepted from residents living in the Frazee, New York Mills, Perham, Battle Lake or Henning school districts. This scholarship is not just for high school seniors; you may apply at any point during your undergraduate program.

Scholarship funds will be awarded for either a 2 or 4-year college program, or one-year technical course, which is related to the health care field. It is hoped students will return to the area to apply their knowledge and training, however, it is not required in order to be a scholarship recipient. Applicants who have received two Perham Health scholarships are no longer eligible.

Please submit applications using NO reference to the applicant, example: omit NAME in reference letters, etc. Use name on this form only. Do not send pictures. The other information submitted will be coded so that you may remain anonymous when the applications are reviewed, therefore, assuring selection objectivity.

Please send all information to: Tracy Hendrickx, Executive Assistant, Perham Health, 1000 Coney Street West, Perham, MN 56573 by March 1, 2012. The applications must be DELIVERED to our office no later than March 1st – there will be NO EXCEPTIONS.

The scholarship recipient will receive their scholarship upon successful completion of at least a 2.0 grade point average (GPA) during the first two grading periods. Perham Health will award the funds upon the student forwarding an official school grade transcript record verifying the student earned at least a 2.0 GPA.

Application Information:

Applicant's Name

Parent(s) or Guardian(s) Name(s)

Mailing Address

Phone Number: _____ Email Address: _____

What High School did, or will, you graduate from? (list town and year of graduation)

What post-secondary school do you plan to attend?

What health care related degree/program do you plan to enroll in? (If you plan to major first in another subject area related to healthcare, and then move on to a graduate program in healthcare, please specify these intentions here and again in your essay.)

Applications will be weighted/evaluated as indicated below:

Please attach the following information:

1. Reference letters from at least 2 people - i.e. teacher/high school counselor/employer expressing the student's willingness and ability to succeed (**must be included with application**). (15%)
2. In less than 300 words, tell us about your career choice. Why do you want to go into the health field? What specific area are you planning to enroll in and why? What experience, if any, do you have with the healthcare field? What impact would you like to have on the people served by the healthcare field? If any area on your application is weak (i.e. grades, activities), use this opportunity to explain any special circumstances. (40%)
3. A copy of your school grade transcripts. (30%)
4. Activities in and out of school – in narrative form, no more than one page, please provide the activities and organizations you are involved in and explain your individual participation. (10%)
5. Quality/Neatness of Application. Professional appearance of application, as well as spelling and grammar will be considered. (5%)

ALL APPLICATIONS AND ATTACHMENTS MUST BE TYPED. PLEASE NOTE IF YOU ARE FAXING YOUR APPLICATION, IT MAY ALTER THE PROFESSIONALISM OF THE APPLICATION. ANY INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED AFTER MARCH 1.

(Revised, 12-11)