SANFORD HEALTH

Sanford Health Network Scholarship Application

2017

Student qualification requirements:

- Student must be officially accepted into a healthcare program at an accredited, post-secondary institution.
- Cumulative grade point average of 3.0 or greater, calculated on a 4.0 grading scale.
  **Lifetime limit of $4,000 from Sanford scholarships.
- Application (with documentation) must be submitted to local Sanford Health Network Administrator by April 7, 2017, for potential sponsorship of the scholarship.

Student must submit the following documents to a sponsoring Sanford Health Network Administrator for review/selection:

- Completed application form.
- Proof of enrollment in a healthcare program from the school – proof of general enrollment is not acceptable.
  - A second proof of enrollment will be requested just prior to payment of scholarship to the school in the fall.
  - An original official transcript of grades from the last completed semester of study from the current or most recently attended educational facility is required. Transcript should show a cumulative GPA. Sanford Health will not accept nonofficial transcript copies, computer print-out of grades, emailed copies or faxed copies of transcripts. Only original official transcripts will be accepted. School administrative offices will be able to provide a transcript but please allow time for the school to fulfill transcript requests. There may be a small charge for official transcripts from some educational facilities.
- Scholarship essay addressing all of the following (please provide on a separate sheet of paper):
  - Reasons for choosing a healthcare profession
  - Career goals after graduation
  - Extracurricular activities and community involvement
- Three professional references (use form attached to application)

Students chosen for the scholarship will receive a letter with information on the scholarship payment process. Questions should be e-mailed to AcademicAffairs@sanfordhealth.org or call 605-312-9232.

Selection process:

Sanford Health Network scholarship recipients will be selected based upon application information, GPA, essay, references, and overall rate of success. All decisions are final. All applicants will receive written notification of the scholarship decisions.

SANFORD HEALTH NETWORK
SCHOLARSHIP APPLICATION
2017

Name_____ Phone # _____ E-mail _____

Address:_____City_____ State_____ Zip_____

Healthcare Program enrolled in: _____ Anticipated Graduation Date: _____

School Name:_____ Status (full-time or part-time):_____

School Address:_____ City_____ State_____ Zip_____

Education (i.e., high school, college, vocational school):

Name of School	City/State	Graduation Date	Degree
1._____			
2._____			
3._____			

Have you ever been employed with Sanford Health or any of its affiliates?_____

Dates _____to_____ Title _____ Location _____

Dates _____to_____ Title _____ Location _____

Dates _____to_____ Title _____ Location _____

Have you ever worked in healthcare?_____

Dates _____to_____ Title _____ Company _____

Dates _____to_____ Title _____ Company _____

Dates _____to_____ Title _____ Company _____

Have you previously received a Sanford scholarship? _____

Which one?_____ When? _____ $ _____

Which one?_____ When? _____ $ _____

I certify that the information in this application is complete and accurate. I understand that any falsification of the required information will disqualify me from receiving scholarship funds.

APPLICANT'S SIGNATURE _____DATE _____

SPONSORING FACILITY _____

ADMINISTRATOR SIGNATURE _____ DATE _____

Sponsoring facility must approve and submit completed application (with documentation) to Academic Affairs by **April 7, 2017**. Send to: AcademicAffairs@sanfordhealth.org or mail to, 2200 E Benson Road, Sioux Falls, SD 57104.

SANFORD HEALTH NETWORK SCHOLARSHIP REFERENCE 2017

Scholarship Applicant Name _____

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How long have you known this applicant?_____

In what capacity have you known this applicant?

1) Instructor (current or past) _____
2) Supervisor (current or past) _____
3) Co-worker (current or past) _____
4) Mentor (coach, church leader, etc.) _____
5) Community leader _____

Opposite each ability and/or attitude, check the most appropriate category:

	Below Average	Average	Above Average	Excellent	No Basis for Opinion
Scholastic Ability					
Initiative					
Ability to work with people					
Confidence					
Acceptance of criticism					
Self-discipline					
Dependability					
Honesty					
Reaction to stress					
Efficiency					
Accountability					
Organizational ability					
Ability to make decisions					
Interest in learning					

Overall Evaluation: (Circle one) Highly Recommend Recommend Recommend with Reservations

Comments: _____

_____

Signature: _____ Date: _____

Job Title: _____ Organization: _____