



Sanford Health Network Scholarship Application

Sanford Health is an equal opportunity employer/educational institution and will not discriminate against applicants because of race, religion, color, national origin, age, sex or disability.

Name _____ Phone # _____

Address: _____ City _____ State _____ Zip _____

Degree Pursuing: _____ Anticipated Graduation Date: _____

School Name: _____

School Address: _____ State _____ Zip _____

Number of dependent children _____

Past Education (high school, college or vocational school):

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

Are you currently employed at Sanford Health? _____ Facility _____

Recent Past Employment:

Organization	Title	Date of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

Extracurricular Activities/Community Involvement:

Scholarship Essay (please provide on separate sheet(s) of paper)

- 1) Describe your reasons for choosing a healthcare profession
- 2) List/describe career goals after graduation
- 3) Describe how receiving this scholarship will benefit you

List any educational financial assistance that you have received in the past five years: (Scholarships, Tuition Reimbursement, Loans)

SOURCE	AMOUNT
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

REQUIRED INFORMATION (*applications will not be considered until all information has been received*):

- THREE REFERENCES FROM THE FOLLOWING INDIVIDUALS: 1) Instructor 2) Current Supervisor 3) Co-worker
- AN **OFFICIAL** TRANSCRIPT OF GRADES/CREDITS/GPA - A grade point average of 3.0 is required or the applicant must be officially accepted into a healthcare program.
- PROOF OF ENROLLMENT (letter of acceptance, etc.)

The Scholarship Committee shall utilize the following criteria in the evaluation process: academic standing, goals, initiative, and overall rate of success.

I authorize release of any educational records or information necessary to meet the needs of the Scholarship Committee. I also declare that the statements in the application are true, and falsification will be the basis for immediate denial of the award.

APPLICANT'S SIGNATURE _____ DATE _____

Sponsoring facility must approve and submit complete application to the address below by April 13, 2012.

SPONSORING FACILITY _____

CEO SIGNATURE _____ DATE _____

SANFORD HEALTH NETWORK
HUMAN RESOURCES DEPARTMENT
ATTN: KATHY KALTVED
1305 WEST 18TH STREET, PO BOX 5039
SIOUX FALLS, SD 57117-5039

ALL INFORMATION IS HELD IN STRICT CONFIDENCE



**SANFORD HEALTH NETWORK
SCHOLARSHIP REFERENCE**

Submit with scholarship application to sponsoring facility CEO.

Applicant Name _____

Sponsoring facility _____

Application with references must be received at Sanford Health Network by April 13, 2012. Application will be considered incomplete if references are not received by the deadline.

I authorize release of any educational records or information necessary to meet the needs of the Scholarship Committee. I also declare that the statements in the application are true, and falsification will be the basis for immediate denial of the award.

APPLICANT'S SIGNATURE _____ DATE _____

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How long have you known this applicant? _____
 In what capacity have you known this applicant? _____

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

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

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

Comments:

Signature: _____ Date: _____

Position/Title: _____

Institution/Company: _____