

## SCHOLARSHIP AWARD PROGRAM APPLICATION FORM — 2026

### INTRODUCTION:

As a non-profit organization, the Northfield Hospital Auxiliary is committed to the constant improvement of health care services in our community.

The focus of these scholarship awards is to provide students with financial aid for their plans to become professionals in some area of medicine. Students may receive only one award from the Hospital Auxiliary during their program, to pursue and completion of their degree or program. When a student has completed their degree or program and has been accepted into the next degree or program, he/she may apply again.

**These scholarships must be used during the 2026-2027 academic year.**

### QUALIFICATIONS:

**To be eligible for this scholarship, an applicant must be a STUDENT OR GRADUATE OF NORTHFIELD HIGH SCHOOL or an employee of Northfield Hospital or its affiliates or an employee of a Northfield health care facility.**

In order to be eligible for the award, a prospective applicant must have been accepted into a technical college program, college, or university to pursue a health-related field. (i.e. nursing, physical therapy, etc.)

### APPLICATION PROCEDURE:

1. With a copy of acceptance to a designated college, the applicant will submit the application. This will include the student's intent to pursuing a health-related career. The applicant will complete all sections of the scholarship form in handwritten responses, using blue or black pen only. This includes Part I, Part II, Part III and Part IV.
2. To complete the application process, the applicant will **attach two letters of recommendation in the current year** from a high school principal, counselor, employer, college professor or staff member and send the completed application to:

**Attention: Auxiliary Scholarship Committee**  
Northfield Hospital + Clinics  
2000 North Avenue  
Northfield, MN 55057-1697

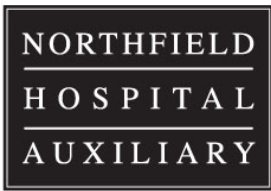
3. Applications must be received **no later than Tuesday, March 31, 2026**. Late applications will be returned to the applicant.
4. **The recipient of the award is required to supply a copy of his or her acceptance into the selected educational institution.** This may also be a bill from their college or school. This information will be used for public relations purposes.
5. If you have any questions, please call Joan Pralle 507-321-1012.



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### STUDENT CHECKLIST

- \_\_\_\_\_ 1. Must be a GRADUATE OF OR GRADUATING from Northfield High School or an employee of Northfield Hospital + Clinics or its affiliates or an employee of a Northfield health care facility.
- \_\_\_\_\_ 2. Must be ACCEPTED in a technical college program, college or university in a health-related field.
- \_\_\_\_\_ 3. Must send a COPY OF EVIDENCE of acceptance with this application.
- \_\_\_\_\_ 4. All sections of the Scholarship application must be HANDWRITTEN in pen.
- \_\_\_\_\_ 5. Attach 2 LETTERS OF RECOMMENDATION in the current year from HS principal, counselor, employer, college professor or staff member with the application.
- \_\_\_\_\_ 6. Applications must be RECEIVED by March 31, 2026.



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**Part I** — to be completed by the applicant

Applicant's name (last, first, middle): \_\_\_\_\_

Applicant's home address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's e-mail address: \_\_\_\_\_

Name of applicant's parent/guardian or, spouse: \_\_\_\_\_

Year of graduation from High School: \_\_\_\_\_

Address of parent/guardian, or spouse: \_\_\_\_\_

Where have you been accepted in a health-related program? \_\_\_\_\_

\_\_\_\_\_

What are your current career goals? \_\_\_\_\_

\_\_\_\_\_

Have you received the Northfield Hospital Auxiliary's scholarship previously?  Yes  No

If "yes," when did you receive it? \_\_\_\_\_

List any school and/or community activities in which you have participated (including any offices that you have held or any volunteering that you have done): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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List any special awards or honors that you received in high school or within the community: \_\_\_\_\_

\_\_\_\_\_

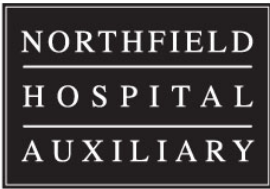
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**Part II** — *to be completed by the applicant*

What work experience(s) have you had? Please list the type of work and length of time worked: \_\_\_\_\_

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**Part III** — *to be completed by the applicant*

Please explain your reasons for choosing a health-related career and what field of study are you planning to pursue: \_\_\_\_\_

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