SCHOLARSHIP AWARD PROGRAM
APPLICATION FORM — 2021

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, of study 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 2021-2022 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 for study in 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. 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 from a high school principal, counselor, employer, or adult (not a relative) 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 30, 2021. 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 ReJean Schulte 507-645-6593.
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.

5. Attach 2 LETTERS OF RECOMMENDATION from HS principal, counselor, employer, or adult (no relative) with the application.

6. Applications must be RECEIVED by MARCH 30, 2021.
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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Part IV

If you wish, please include any additional comments/statements here or on attached sheets.

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