



# Sanford Health Network Scholarship Application

2014

## **Qualification requirements:**

- Application must be sponsored by local Sanford Health Network facility.
- 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 CEO by April 10, 2014.

## **Need to submit:**

- Completed application (with required documentation and signed approval from local Sanford Health Network CEO).
- Proof of enrollment in a healthcare program – proof of general enrollment is not acceptable.
  - Second proof of enrollment will be requested just prior to payment of scholarship to the school in the fall.
- Official transcript (original document) of grades from last completed semester of study at most recently attended educational facility -- must include cumulative GPA.
- 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)
- Application and supporting documents must be submitted to local Sanford Health Network CEO for approval.
- Questions on the process should be e-mailed to [networkscholarship@sanfordhealth.org](mailto:networkscholarship@sanfordhealth.org).

## **Scholarship selection process:**

Will include an assessment of the following: application information, GPA, essay, references, and overall rate of success.

**SANFORD HEALTH NETWORK  
SCHOLARSHIP APPLICATION  
2014**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Healthcare Program enrolled in: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

School Name: \_\_\_\_\_

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 \_\_\_\_\_

CEO/ADMINISTRATOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Sponsoring facility must approve and submit completed application (with documentation) to SHN Human Resources [networkscholarship@sanfordhealth.org](mailto:networkscholarship@sanfordhealth.org) or mail to 900 W. Delaware, Sioux Falls, SD 57104. **The deadline is April 10, 2014.**



**SANFORD HEALTH NETWORK  
SCHOLARSHIP REFERENCE  
2014**

Scholarship Applicant Name \_\_\_\_\_

=====

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					
Speed					
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: \_\_\_\_\_