

## **Community Memorial Hospital Healthcare Scholarship**

Enclosed are copies of the Hospital Healthcare Scholarship Application and instructions for applying. For more information please contact us:

Jennifer Stay, Volunteer Services Coordinator  
Community Memorial Hospital  
512 Skyline Blvd.  
Cloquet, MN. 55720 218-879-4641 X7142

Email – [JStay@cloquethospital.com](mailto:JStay@cloquethospital.com)

Copies of this scholarship application can be printed off the CMH website at: [www.cloquethospital.com/volunteer](http://www.cloquethospital.com/volunteer)

## General Instructions and Scholarship Information

1. Carefully read the attached information describing the healthcare career scholarship made available by the Community Memorial Hospital Auxiliary of Cloquet, Minnesota.
2. Complete pages 1, 2 and 3 of the enclosed application form. Mail or deliver to the Community Memorial Hospital Auxiliary Scholarship Committee, 512 Skyline Blvd., Cloquet, MN 55720. All questions must be answered in full or the application will be disqualified. The application must be filed with the committee by May 31, 2019.
3. Attach the following items to the completed application:
  - a. Three (3) letters of recommendation, (ie. employer, teacher, pastor, etc.)
  - b. Transcript of courses completed
4. The recipient of a scholarship award will be notified by June 30.
5. If you have any questions regarding the scholarship, contact the Volunteer Services Office of Community Memorial Hospital. 218-879-4641 ext. 7142

## **Eligibility**

### **Candidates for this scholarship must:**

1. Be a graduate of a Carlton County high school, or have resided in Carlton County for at least two years.
2. Attend an accredited post secondary institution or program or have completed 1 year of post secondary education.
- 3.. Show need for financial assistance.
4. Application shall be completed in full and legible to be considered.

### **Selection**

1. The Scholarship Committee will consist of 3 members appointed by the Auxiliary Board, with the President of the Auxiliary serving as committee chair.
2. Selection of the scholarship winner will be made on the basis of need, character and scholastic ability.
3. The scholarship will be for one year with the privilege of the recipient reapplying one more year.

### **Scholarship Amount**

The number of scholarships and amount to be awarded shall be determined by the Hospital Auxiliary Board. The award will be paid directly to the student for tuition.

### **Scholarship Regulations**

1. The scholarship must be used within the year the money is given.
2. The Auxiliary Board reserves the right to accept or reject all applications.

#### Administration

\*\*The Auxiliary expects to continue this program in the future, but it specifically reserves the right to modify or discontinue the program at any time.



Applicant's income \_\_\_\_\_ Spouse's income \_\_\_\_\_

Expected total work income for next school year \_\_\_\_\_

Other scholarship aid:

Source	Amount	Date	Awarded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Employment Experience:**

Start with your present or last job. Include any job related military service assignments and volunteer activities.

<b>Employer</b>	Dates Employed From / To	Work Performed
Address _____	Hourly Rate/Salary _____	_____
_____	Starting/ Final _____	_____
Phone # _____	/ _____	_____

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Address _____	Hourly Rate/Salary _____	_____
_____	Starting/ Final _____	_____
Phone # _____	/ _____	_____

<b>Employer</b>	Dates Employed From / To	Work Performed
Address _____	Hourly Rate/Salary _____	_____
_____	Starting/ Final _____	_____
Phone # _____	/ _____	_____

Please give a brief statement as to why you have selected your particular field of study and how you hope to use this field to benefit your community in the future?

Please describe any volunteer school and civic activities you have been involved in thus far?

Signature\_\_\_\_\_

Date: \_\_\_\_\_