

## Community Memorial Hospital Healthcare Scholarship

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

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Community Memorial Hospital  
512 Skyline Blvd.  
Cloquet, MN. 55720 218-879-4641 X7142

Email: [djohnson3@cmhmn.org](mailto:djohnson3@cmhmn.org)

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 Volunteer Services Organization of Cloquet, Minnesota.
2. Complete pages 1, 2 and 3 of the enclosed application form. Mail or deliver to the Community Memorial Hospital Volunteer Services Organization, 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, 2022.
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 30th.
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 or a current CMH volunteer with a minimum of 20 hours completed.
2. Must be pursuing a degree in the medical field.
3. Attend an accredited post secondary institution or program or have completed 1 year of post secondary education. PSEO senior high school students are eligible to apply.
- 4.. Show need for financial assistance.
5. Application shall be completed in full and legible to be considered.

### **Selection**

1. The Scholarship Committee will consist of 3 members from the Volunteer Services Organization Board, with the President of the VSO 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 Volunteer Services Organization. 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 scholarship committee reserves the right to accept or reject all applications.

### **Administration**

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

Application for  
**Community Memorial Hospital Volunteer Services Organization Healthcare Scholarship**  
Cloquet, Minnesota

Date \_\_\_\_\_

Name \_\_\_\_\_

(Last)

(First)

(Middle)

Home Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Mailing Address if different then above:

\_\_\_\_\_

\_\_\_\_\_

Birth date (month, date, year) \_\_\_\_\_ Age \_\_\_\_\_

Have you applied previously? No \_\_\_\_\_ Yes \_\_\_\_\_ When \_\_\_\_\_

Education: Name of School Yrs/Qtr. Diploma/Degree

High School \_\_\_\_\_

2 – yr. college

State/Private \_\_\_\_\_

4-yr college

State/Private \_\_\_\_\_

Name of school now attending \_\_\_\_\_

What is your healthcare major \_\_\_\_\_

Marital status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Spouse's occupation \_\_\_\_\_

How many children under the age of 18 do you support? \_\_\_\_\_

Financial Information Tuition/yearly Board & Room/yearly

A. Expenses \$ \_\_\_\_\_ \$ \_\_\_\_\_

B. Loans Amount \$ \_\_\_\_\_ Type \_\_\_\_\_ Date Borrowed \_\_\_\_\_

\$ \_\_\_\_\_

C. Savings to date (bank, bonds, investments) \_\_\_\_\_

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.

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

Employer	Dates Employed		Work Performed
	From	To	
_____	_____	_____	

Employer	Dates Employed		Work Performed
	From	To	
_____	_____	_____	

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

Please describe any volunteer activities you have been involved in thus far.

Signature \_\_\_\_\_

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