



HUTCHINSON HEALTH FOUNDATION GRADUATE SCHOLARSHIP APPLICATION

Hutchinson Health Foundation was established to optimize the health and well-being of our communities by partnering with those we serve. This scholarship is open to a student, without respect to race, creed, or national origin. Each student is eligible for one scholarship per year from Hutchinson Health Foundation.

Application Instructions

Please complete the attached application form to apply for the Hutchinson Health Foundation Graduate Scholarship and submit to the Foundation office by Friday, May 10, 2019 by 12:00 noon. Late applications will not be accepted.

Please return the application and supporting materials to:

Hutchinson Health Foundation
1095 Highway 15 S
Hutchinson, MN 55350

Requirements

- Must already be enrolled in a graduate program
- Must be pursuing a degree in a human health care related field
- Must have a current GPA of at least a 3.0 (include transcript to verify GPA)

Selection Process

- 1) Selection data to be considered:
 - a. Aspirations and goals
 - b. School involvement
 - c. Community involvement
 - d. Work experience
 - e. Cumulative GPA (provide transcript)
 - f. Letter of acceptance into graduate program (if already in the program make sure we can easily verify graduate rank by provided transcript)
 - g. Number of credits
- 2) Selection committee will be composed of the Hutchinson Health Scholarship Committee. The scholarship will be awarded to a student wishing to advance their education in state supported universities or private liberal arts colleges and is open to graduate course work in a human health care field.
- 3) This scholarship will be awarded by July 1st, 2019 and paid out the following January, after appropriate college paperwork is returned to the Foundation. This scholarship is available for one year after selection.

Applicant's First Name	Middle Name	Last Name	
Date of birth – Month/ Day/Year			
E-mail:			
Home Address	City	State	Zip Code
Phone #			
Address (if different from above)			
Current Educational Institution		Address	
City	State	Zip Code	

DO NOT TYPE – Complete application in your own handwriting

1. Educational Goals & Career Plans: _____

2. College Activities/Honors

School Activities/Honors	Date: mo/year to mo/year	Total Length of Time

3. Community Activities, list all & length of time involved

Community Activities	Date: mo/year to mo/year	Total Length of Time

4. Work Experience, list all prior employment for the past three years, including length of time employed

Employer	Title	General Duties	Hours per week	Date: mo/year to mo/year	Total Length of Time

5. Special Circumstances: _____

6. GPA _____ **Transcript Attached** yes _____ no _____

DATE _____ **SIGNATURE** _____