



## **HUTCHINSON HEALTH FOUNDATION EMPLOYEE SCHOLARSHIP APPLICATION**

### **Purpose**

The purpose of the Hutchinson Health Foundation Employee Scholarship is to provide an employee who has shown an interest in furthering their career in the human health care field with scholarship funding. 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 an employee of Hutchinson Health.

### **Eligibility**

- 1) Applicant must be an employee of Hutchinson Health
- 2) Applicants must be enrolled as a part-time student in an undergraduate or graduate program or be enrolling for the upcoming semester (4 credit minimum)
- 3) Applicants must be pursuing a degree in a human health care related field
- 4) Applicants must have a current GPA of at least a 3.0 (if currently enrolled)

### **Application Requirements**

To be considered for the Hutchinson Health Foundation Employee Scholarship, applicants must complete an application and return it to the Foundation by Friday, May 8, 2020 by 12:00 noon. The application must include:

- 1) A completed application form.
- 2) Two letters of recommendation with at least one from a fellow Hutchinson Health employee.
- 3) An official college transcript - including GPA (Most recent transcript preferred. If attending college for the first time this step may be omitted).
- 4) A one page (<750 words) statement stating the applicant's qualifications, educational and career goals.

Please return the application and supporting materials to:

Hutchinson Health Foundation  
1095 Highway 15 S  
Hutchinson, MN 55350

### **Selection Process**

- 1) Selection data to be considered:
  - a. Aspirations and goals
  - b. Community involvement
  - c. Work experience
  - d. Letters of recommendation
- 2) Selection committee will be composed of the Hutchinson Health Scholarship Committee. The scholarship will be awarded to an employee wishing to advance their education in state supported universities or private liberal arts colleges and is open to undergraduate and graduate course work in a human health care field.
- 3) This scholarship will be awarded by July 1<sup>st</sup>, 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)			
Attending 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 (If you have not recently been a student you can omit this section)**

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** \_\_\_\_\_