

HUTCHINSON HEALTH FOUNDATION EMPLOYEES' CHILD SCHOLARSHIP APPLICATION

Hutchinson Health Foundation was established to optimize the health and well being of our communities by partnering with those we serve. Two \$1000 Scholarships will be given through this program. Both scholarships are renewable for the same amount, a second year upon meeting specified criteria. Each student is eligible for one scholarship per year from Hutchinson Health Foundation. This scholarship is open to a student, whose parent/guardian is an employee of Hutchinson Health.

Application Instructions

Please complete the attached application form to apply for the Hutchinson Health Foundation Employees' Child Scholarship and submit to the Foundation office by Friday, May 8, 2020 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 be a child of a Hutchinson Health Employee
- Must already be enrolled as a full time student in a undergraduate program or be enrolling for upcoming semester
- Must be pursuing a degree in a human health care related field
- Must have a current GPA of at least a 3.0

Selection Process

- 1) Selection data to be considered:
 - a. Aspirations and goals
 - b. School involvement
 - c. Community involvement
 - d. Work experience
 - e. Cumulative GPA (provided by student)
- 2) Selection committee will be composed of the Hutchinson Health Scholarship Committee. Scholarship will be awarded to students wishing to advance their education in state supported universities or private liberal arts colleges and is open to undergraduate course work in a health care field.
- 3) This scholarship will be awarded by July 1st, 2020, with the first \$1000 being paid out at the conclusion of the following fall term, after college transcript is returned to the Foundation office. The student is eligible for an additional \$1000 dollars being paid out at the conclusion of the next college year fall term, after college transcript is returned. This scholarship will be available for two years after selection.

Applicant's First Name	Middle Name	Last Name	
Date of birth – Month/ Day/Year			
E-mail:			
Home Address	City	State	Zip Code
Name of parents or guardians		Phone #	
Address (if different from above)			
Current Educational Institution		Address	
City		State	Zip Code
If postsecondary – what year?		Parent/Guardian – job title within HAHC	

1. Educational Goals & Career Plans: _____

2. School Activities/Honors - Grades 9-12 (and higher if applicable)

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

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

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

5. Special Circumstances: _____

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

DATE _____ **SIGNATURE** _____