

# Houle Medical Mission Scholarship Application

Funded by Nicholas & Terese Houle Fund of the  
CENTRACARE HEALTH FOUNDATION

*CentraCare Health Foundation engages the philanthropic community to improve health and health care. Its primary geographic focus is communities served by CentraCare Health; however, we also serve people around the world through the vision and generosity of our benefactors.*

Nicholas & Terese Houle support teams of people who can help meet the health care needs of people in developing countries including the country of Honduras. Below are the criteria and eligibility requirements of the Medical Mission Scholarship.

## **ELIGIBILITY:**

- The applicant has applied to volunteer on a medical mission trip with a qualified organization to Honduras or other parts of the world within 12 months of applying for a scholarship. The organization coordinating the mission must be a US based qualified non-profit group.
- Individuals may apply who have received a previous scholarship.
- The applicant is not a family member of Nicholas & Terese Houle.
- Preference will be given to an applicant that is a current or former employee of CentraCare Health or has a family member who is a current or former employee of CentraCare Health.
- Medical students may apply, practicing physicians are not eligible.

## **APPLICATION:**

- The application deadline is September 15. Your application must be complete, legible and submitted by the deadline.
- Attach a copy of your application to the qualified organization such as the International Health Service.
- Applications are to be mailed to CentraCare Health Foundation, 1406 6<sup>th</sup> Avenue No., St. Cloud, MN 56303 Attn: Sandy Spoden or via email to [spodens@centracare.com](mailto:spodens@centracare.com)
- Grant will be awarded to the qualified sponsoring organization in the applicant's name. No grants will be awarded directly to an individual.

## **OVERVIEW:**

- Describe the need for the project or program.
- Describe why you would like to volunteer on the mission.
- If a full amount is not awarded, describe how you will pay for the balance to attend the program.

## **REPORTING REQUIREMENTS: Successful grant receipts will be required to:**

- Submit a 1-page summary of the experience including what you have learned and how the experience has impacted your life.
- Communicate to others regarding the impact and importance of volunteerism through one of the following and submit a copy of the materials presented to the CentraCare Health Foundation.

Presenting to one or more of the following: a professional group, service club, university, civic organization, church group or other community groups to promote volunteering and the importance of service projects such as this one. Publish an article for a newsletter at your workplace, for your professional organization, church, university chronicle or civic club.

# CENTRA CARE Health Foundation

**Houle Medical Mission Scholarship Application**  
**Funded by: The Nicholas and Terese Houle Fund**

**Applicant Information:**

First and last name: \_\_\_\_\_

Daytime Phone: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Applicant is: (please check one below)

- Current employee of CentraCare Health or its entities
- Former employee of CentraCare Health or its entities
- A relative of current or former employee
- Is not a current or former employee nor is related to a CentraCare employee

Name of Employee of CentraCare Health \_\_\_\_\_

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**Name of the 501(c)3 Medical Mission Organization:**

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Number of volunteers in the group: \_\_\_\_\_

Country where activities will occur:  Honduras  
 Other \_\_\_\_\_

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Application – Use additional space if needed. Please type or write legibly.

1. Describe the need. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Why you would like to volunteer on the mission? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Do you bring a special skill to the team you will travel with?

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4. Have you received assistance before from CentraCare Health? \_\_\_\_\_

If so, when? How much? \_\_\_\_\_

5. If a full amount is not awarded, describe how you will pay for the balance to attend the program. \_\_\_\_\_

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6. Attach a copy of your application to the qualified organization coordinating your medical mission or an acceptance letter from the organization.

*By signing this document, I agree and will comply with all terms and reporting requirements listed.*

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