CentraCare
✚ St. Cloud Hospital

MAGNET RECOGNIZED
AMERICAN NURSES
CREDENTIALING CENTER

College Scholarships
for Employees or Volunteers at St. Cloud Hospital
Provided by St. Cloud Hospital Volunteer Auxiliary

St. Cloud Hospital Volunteer Auxiliary will award scholarships once a year for students pursuing a career in degrees required for employment at St. Cloud Hospital. Payment will be made directly to the successful applicant's school for *fall* classes of that year.

To be eligible for consideration, an applicant must:
1. Be employed full time, part time, or as reserve or casual staff, or be a St. Cloud Hospital active volunteer.
2. Be enrolled in a degree program that is required for employment at St. Cloud Hospital.
3. Demonstrate involvement in community and/or school activities.

Each applicant must:
1. Complete the application form on the reverse side.
2. Attach a list of school, community and work activities, including volunteer work. Please include the activity, years, and any awards received.
3. Attach transcript from the current year, which needs to include cumulative grade point average of 3.5 or above.
4. Attach a copy of letter of enrollment into the program.
5. Attach an essay of no more than two, double-spaced typed pages telling us about you and your career plans.

If any of the required materials are not provided, the application will be disqualified automatically.

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**To be completed by applicant   (Print or Type)**

Name:_____
          Last   First   Middle

Address:_____
          Street   City   State/Zip Code

Phone Number:_____ School Attending: _____

Career:

____ Accounting	____ Medical Assistant	____ Public Health
____ Healthcare Administration	____ Medical Billing & Coding	____ Radiology Technology
____ Healthcare Management	____ Medical Lab Techs	____ Registered Nurse (ADN)
____ Healthcare Communication	____ Medical Technology	____ Registered Nurse (BSN)
____ Communication – Public Relations	____ Medical Office Administration	____ Respiratory Therapy
____ Health Information Management	____ Occupational Therapy	____ Social Work
____ Information Services	____ Pharmacy	____ Surgical Technology
____ Licensed Practical Nurse (LPN)	____ Physical Therapy	

_____ Other (Please specify in the space provided.)_____

Type of Program: ____Associate Degree ____Bachelor's Degree ____ Other (Please Specify)

Anticipated College Graduation Date:_____

I am: _____Hospital Employee _____Volunteer

I have been an employee or a volunteer at St. Cloud Hospital since: ____ ____/____ ____/____ ____

Number of hours per week as employee or volunteer: _____

I, HAVE HAVE NOT (please circle one) received scholarships from St. Cloud Hospital in the past.

Work History

Job	Title	Year

I voluntarily give the St. Cloud Hospital Health Care Scholarship Committee the right to make an inquiry about my activities and educational record and agree to cooperate in said inquiry. I release from liability all persons, companies, corporations or schools supplying information.

Scholarship recipients need to be a SCH Employee or Volunteer at time of application and disbursement of funds.

Student's Signature_____Date:_____

Parent's Signature (if younger than 18) _____Date:_____

Application to be postmarked February 1, 2019
Return to: St. Cloud Hospital - Attention: Gail Schmidt, Education & Professional Development
1406 Sixth Avenue North - St. Cloud, MN 56303-1901