**Student Scholarship Program**

**Windom Area Health Foundation**

Thank you for your interest in the Windom Area Health Foundation Student Scholarship Program. The Foundation scholarship program was established in 2007 to support students committed to pursuing a career in healthcare or a mental health related field. Scholarships are awarded throughout a competitive process to cover the cost of eligible school-related expenses. Since 2007, 122 scholarships have been awarded to local students, many of whom are employed in our region. In 2024, the Foundation will award two $2,500 scholarships and three $1,000 scholarships.

**Eligibility**

The scholarship application is open to high school seniors or current post-secondary students who:

* Have been accepted into or are enrolled in an accredited post-secondary institution with a commitment toward a healthcare-related field of study
* Maintain a GPA of 3.0 or higher for $1,000 awards, or 3.5 or higher for $2,500 awards
* Are located in Cottonwood County or its surrounding counties.

**Application Instructions**

Submissions will be accepted **February 15 – April 12.** Submissions must be turned in to your school Guidance Counselor. If you do not have a Guidance Counselor point-of-contact, turn them in directly to Katie Greener, Director of Foundation & Auxiliary. Instructions must be followed completely and include each piece of supporting documentation:

[ ]  Application Cover Sheet

[ ]  Official transcript documenting your GPA from your high school.

[ ]  Proof of acceptance or current enrollment at an accredited post-secondary institution

[ ]  Reference forms from individuals who can speak to your leadership abilities, integrity, community service involvement, and/or commitment to study a field related to healthcare.

[ ]  Scholarship Essay: Two-page max essay where you address your reasons for choosing a healthcare profession, your career goals after graduation, and ways that you demonstrate the award criteria of leadership, integrity, and community service. Essay must be typed, double-spaced, and 12-point font.

|  |  |
| --- | --- |
| **$1,000 Scholarship Consideration** | **$2,500 Scholarship Consideration** |
| * Maintain a GPA of 3.0 or higher
* Two references forms: one must be from a teacher and one from an adult such as a coach, employer, pastor, or adult mentor. References cannot be friends or family members.
 | * Maintain a GPA of 3.5 or higher
* Three references forms: one must be from a teacher and two from an adult such as a coach, employer, pastor, or adult mentor. References cannot be friends or family members.
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**Award-Winning Criteria**

Award-winning applicants will be scored based on leadership, integrity, community service, and a commitment to follow a course of study related to healthcare. The Foundation Board of Directors will review applications at the April Board Meeting. Awards will be announced at the end of April.

Scholarship awards will be paid out during the first month of the second semester, paid directly to the school’s Financial Aid office. Proof of official enrollment in a healthcare related field and eligible expenses (tuition, books, and fees; other expenses will be reviewed on a case-by-case basis) will be required for disbursement of award. If a student changes his/her degree to a non-healthcare field, s/he would forfeit the disbursement of funds and become ineligible.

Questions about the Scholarship Program? Visit windomareahealth.org or contact:

Katie Greener, Director of Foundation & Auxiliary

507-831-0633 or Kathryn.greener@windomareahealth.org

**Student Scholarship Program – Cover Sheet**

*Fill out this cover sheet electronically. Submit to your school Guidance Counselor or Katie Greener*

 *with the required supporting documentation.*

**Name:** *Name*

**Phone Number:** *Phone Number*

**Email:** *Email*

**Address:** *Address*

**School:** *School*

**Guidance Counselor:** *Guidance Counselor*

**What Scholarship would you like to be considered for?** Either one

**What is the name of the accredited post-secondary institution you have been accepted to or where you are currently enroll?**

*Enter text*

**Major or Emphasis:** *Enter text*

**What is your cumulative Grade Point Average, calculated on a 4.0 grading scale?** *Enter text*

*Provide official GPA documentation from your school.*

**Have you ever worked in healthcare? If so, list locations and services dates.**

*Enter text*

**Have you ever worked at Windom Area Health? If so, in what role & when?** *Enter text*

**What are your extracurricular activities and community involvement?**

*List activities and examples*

[ ]  *By checking this box, I certify that the information completed in this application is complete and accurate to the best of my knowledge. I understand that falsification of the required information will disqualify me from receiving scholarship funds.*

Signature: Date: *Enter today’s date*

**Student Scholarship Program – Reference Form**

*Complete electronically. Return reference form to the student’s Guidance Counselor. References cannot be friends or family members.*

*All references must be received prior to close of application process for applicant consideration.*

**Student Applicant Name:** *Enter text*

**Reference Name:** *Enter text*  **Phone Number:** *Enter text*

**Email:** *Enter text*  **Title & Workplace:** *Enter text*

**How long have you known the applicant?** *Enter text*

**In what capacity have you known the applicant?** *Enter text*

**Please rate the applicant in the following capacities:**

|  |  |
| --- | --- |
| Initiative | [ ] Below Average [ ] Average [ ] Above Average [ ]  Excellent [ ] No Basis for Opinion |
| Leadership | [ ] Below Average [ ] Average [ ] Above Average [ ]  Excellent [ ] No Basis for Opinion |
| Self confidence | [ ] Below Average [ ] Average [ ] Above Average [ ]  Excellent [ ] No Basis for Opinion |
| Acceptance of criticism | [ ] Below Average [ ] Average [ ] Above Average [ ]  Excellent [ ] No Basis for Opinion |
| Self-discipline | [ ] Below Average [ ] Average [ ] Above Average [ ]  Excellent [ ] No Basis for Opinion |
| Dependability | [ ] Below Average [ ] Average [ ] Above Average [ ]  Excellent [ ] No Basis for Opinion |
| Honesty | [ ] Below Average [ ] Average [ ] Above Average [ ]  Excellent [ ] No Basis for Opinion |
| Reaction to stress | [ ] Below Average [ ] Average [ ] Above Average [ ]  Excellent [ ] No Basis for Opinion |
| Efficiency | [ ] Below Average [ ] Average [ ] Above Average [ ]  Excellent [ ] No Basis for Opinion |
| Organization skills | [ ] Below Average [ ] Average [ ] Above Average [ ]  Excellent [ ] No Basis for Opinion |
| Ability to work with people | [ ] Below Average [ ] Average [ ] Above Average [ ]  Excellent [ ] No Basis for Opinion |
| Ability to make decisions | [ ] Below Average [ ] Average [ ] Above Average [ ]  Excellent [ ] No Basis for Opinion |
| Resiliency | [ ] Below Average [ ] Average [ ] Above Average [ ]  Excellent [ ] No Basis for Opinion |

**Please describe three examples of the applicant’s abilities related to the Scholarship criteria** (leadership, integrity, community service, commitment to healthcare studies).

**1)** *Enter text*

**2)** *Enter text*

**3)** *Enter text*

**Do you recommend the applicant for the Windom Area Health Foundation Scholarship?**

[ ] Do Not Recommend [ ] Recommend with Reservation [ ] Highly Recommend

**Additional Comments:** *Enter text*

[ ]  *By checking this box, I certify that the information completed in this reference is complete and accurate to the best of my abilities. I understand that falsification of the requested information can disqualify a student’s eligibility.*

Signature: *Print & sign, or Type your signature*  Date: *Enter today’s date*

*Return reference form to the student’s Guidance Counselor or Katie Greener.*

*All references must be received prior to close of application process for applicant consideration.*