

## Application Cover Sheet – Student Scholarship Program

Fill out this cover sheet electronically. Submit to your school Guidance Counselor or Katie Greener with the rest of the application requirements. Questions about the Scholarship Program? Visit [windomareahealth.org](http://windomareahealth.org) or contact Katie Greener, Director of Foundation & Auxiliary: 507-831-0633 or [Kathryn.greener@windomareahealth.org](mailto:Kathryn.greener@windomareahealth.org)

### Applicant Information

First & Last Name:

Phone Number:

Email:

Address:

For applicants still in high school, please fill out information below pertaining to your parent/guardian:

First & Last Name:

Address:

Phone Number:

### School Information

School:

Grade (HS senior or year in college):

School Planning to Attend:

Guidance Counselor or college Academic Advisor:

Estimated Date of Undergraduate Graduation:

Planned Healthcare-related course of study in college:

Official Cumulative Grade Point Average:

### Additional Questions

Have you ever worked at Windom Area Health?  
If so, when and in what role?

Have you previously received an Education Scholarship  
from Windom Area Health? If so, list amounts and years:

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

What Scholarship would you like to be considered for?

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

**Scholarship Essay**

On a separate page, include a two-page max essay that is double-spaced in 12-point font. Address the following:

- Your reasons or inspiration for choosing a healthcare profession
- Your career goals after graduation
- The likelihood of returning to the local area for employment
- Ways that you demonstrate the award criteria of leadership, integrity, and community service.

**Make sure you have all the application components in your submission:**

- Application Cover Sheet
- Official transcript
- College acceptance documentation
- Reference forms
- Scholarship Essay

**Applicant Authorization**

- 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. I understand that if I have a question about any of the requirements, I will contact my Guidance Counselor or Katie Greener for more information.*

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