**Hendricks Memorial Healthcare Foundation Scholarship Fund**

**Hexem Family Scholarship**

**Requirements**

HCHA Employee wanting to advance education or certification

Must show support in the community with civic or charitable activity

Education must be accredited or advance certification recognized by HCHA

First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important note to applicant:**

* Application must be typed. Submission of this application is not a guarantee of being awarded. Your effort and response in completing this application is a key component in the decision process.
* These are blind applications. Selection committee is not aware of any of your names or any demographic information.
* If selected, you will be notified after the selection committee has reviewed all applications. Selected applicants will be required to attend an awards banquet.
* Please note the requirements of this scholarship and ensure your eligibility. If there is a question, please reach out to Tammy Niehus at 507-275-3134.
* By signing this application, you are representing yourself and your current or future educational plans. If those change, you are required to notify the Hospital Business Office for re-consideration.
* Once you have been awarded this scholarship, you cannot re-apply.

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

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

Current Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Declared Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* In addition to completion of this application, attach a 500-word essay summarizing the following:
* A description of how you meet the requirements of this scholarship
* Your plans as they relate to your educational and career objectives and long-term goals
* Extra-curricular, volunteer and/or charitable activities
* Identify an individual or event that has had a significant impact on your educational choice