**Hendricks Memorial Healthcare Foundation Scholarship Fund**

**HCHA Education Employee Benefit**

**Requirements**

**Employee Eligibility:**

Full time employee in good standing

Employee must maintain a year of full time of employment in good standing before money will be issued

**Student Eligibility:**

Child or dependent of HCHA employee

Completed 24 credits from accredited institution as verified by the US Dept of Education

GPA of 3.0 or better

Benefit to be paid directly to Accredited School

**School & Program Eligibility:**

Institution must be accredited by US Dept of Education

(<http://ope.ed.gov/accreditation/>)

Associate in Applied Science or Higher

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

Number of Completed Credits (If student of HCHA Employee):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPA (If student of HCHA Employee): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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