

## SCHOLARSHIP APPLICATION

Olivia Hospital & Clinic Foundation scholarship fund provides annual scholarship awards to eligible high school students in the Renville County community who wish to pursue a degree in human health care. Our hope is that in the future, students will return to work in the communities we serve. This scholarship is open to a student, without respect to race, creed, or national origin. Each student is eligible for one scholarship from Olivia Hospital & Clinic Foundation.

### AWARDS

Four (4) high school seniors will be awarded an Olivia Hospital & Clinic Foundation Scholarship in the amount of \$2,000 providing the following criteria are met:

- Enrolled as a full-time student (minimum of 12 credits per semester)
- Major in an approved human health care field of study
- Maintain a minimum non-cumulative grade point average of 2.0 as a freshman

Funds will be provided to education institute after the completion of the recipient's first semester of education and upon submission of a transcript showing a minimum grade point average of 2.0.

### ELIGIBILITY

To be considered for an Olivia Hospital & Clinic Scholarship, applicants must:

- Be a graduating high school senior
- Attend a Renville County High School or be a resident of Renville County
- Attend post-secondary educational institute and pursue an approved human health care related field
- Complete the requirements of the application in full
- Depth and quality of content, organization, spelling and grammar will be considered when scoring applications.
- Recipients will be announced in May 2021.

### APPLICATIONS

Applications are due to **Olivia Hospital & Clinic Foundation by March 31, 2022.** Complete the application online at [www.oliviahospital.com/foundation](http://www.oliviahospital.com/foundation), mail to Olivia Hospital & Clinic Foundation, 100 Healthy Way, Olivia MN or email to [Jackie.A.Edwards@HealthPartners.com](mailto:Jackie.A.Edwards@HealthPartners.com). Questions, please contact Jackie Edwards, Director of Foundation and Community Relations at 320-523-8374.

PROVIDE THE FOLLOWING INFORMATION IN TYPE WRITTEN FORMAT.  
PLEASE FEEL FREE TO TYPE ON A SEPARATE SHEET OF PAPER.

## ABOUT YOU

Full Name:

Name of Parents/Guardians:

Address:

Current Enrolled High School:

Phone Number:

Email Address:

Educational Institute planning on attending:

Anticipated Program of Study:

Cumulative GPA:

## ATTACHMENTS:

- ✓ High School Transcript
- ✓ 1-2 Letters of Recommendations (letters should not be from a relative)
- ✓ Return this page sign and dated if you agree to the release of information
- ✓ What extracurricular activities, employment, community services or other activities have you been involved in? What value to you have you found in any of these activities?

**ESSAY:** *Complete a 5-paragraph essay to answer the following questions.*

- What are your educational and career plans? How did you become interested in this career path? What is your five-year plan and/or goals?
- What role does your chosen profession play in rural health care?
- Looking to the future after you receive your health care degree, explain what you can bring back to our communities and how do you feel you can make a difference?
- Why do you believe you should be considered for this scholarship?

## RELEASE OF INFORMATION

Scholarship, certain information, such as your name, hometown, major/minor or program of study, dates of attendance, class year, and extracurricular activities may be shared with the donor(s) who funded the scholarship, as well as included in marketing and communications materials. By signing below, you certify that you understand how this information may be used. Release of such information is NOT a condition of selection for scholarships.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_