



An investment in the future

Scholarship

Promoting health care in:

for Graduating High School Seniors in the Tri-County Health Care service area

Baxter

Bertha

Henning

Ottertail

Sebeka

Verndale

Wadena

The Tri-County Health Care Foundation is a private charity established in 1994 by the hospital to attract and administer charitable funds for the benefit of the communities and surrounding areas serviced by Tri-County Health Care. The Tri-County Health Care Foundation Scholarship was established to encourage and promote qualified individuals from the hospital's service area to pursue a health care career. The scholarship will aid in funding education at any accredited training program at any college or university. Recipients are selected using a blind selection process from the eligibility criteria as stated below. Awards are made without regard to race, color, creed, religion, sex, disability, national origin or financial need. Incomplete applications will not be considered.

Award:

Six \$1,000 scholarships are awarded annually. One \$1000 check will be made jointly to each recipient and to each recipient's chosen post-secondary institution's financial aid officer at the beginning of the second quarter/semester, after the Tri-County Health Care Foundation receives the required documentation. The scholarship is to be used for tuition, fees and/or books anytime during the recipient's healthcare program. It is not transferable between colleges or universities. If a recipient fails to continue in a health-related career prior to their second quarter/semester, award monies will be forfeited to the Tri-County Health Care Foundation.

Applicant Criteria:

- Must be a graduating high school senior in the Tri-County Health Care service area.
- Has a minimum high school cumulative grade point average of 3.0 on a 4.0 scale.
- Is pursuing a health-related career.
- Has prior experience in a health-related program such as VolunTeen or the TCHC Summer Internship Program.
- Participates in community activities.
- Estimated financial need.

Application Procedure:

The following materials must be completed and postmarked or received by **April 1:**

1. Completed and Signed Application Form. Please print or type.
2. Short Essay describing interest in health related field, not to exceed 250 words.

Mailing Address:

Tri-County Health Care Foundation Scholarship
415 Jefferson St. North
Wadena, MN 56482-1297
Phone: (218) 632-8148
Fax: (218) 631-7503
E-mail: ryan.damlo@tchc.org

415 Jefferson Street N, Wadena, MN 56482

Phone 218-632-8148 • Fax 218-631-7503

STUDENT DATA:			
Last Name	First Name		Middle Initial
Email Address			Phone #
Home Address			
Parents			
High School			

HEALTHCARE PROGRAM DATA:	
College or University	
Address	
Healthcare Program	
Length of Program	Anticipated Start Date

APPLICATION INFORMATION:		
Cumulative Grade Point Average (G.P.A. on scale of 4.0)	Class Rank	%
List prior health related jobs or volunteer program involvement:		
List academic and special recognition:		
List school activities and participation:		
List community activities and service:		

TCHC FOUNDATION

Scholarship Application



FINANCIAL INFORMATION:

Estimated annual cost of program including tuition, books, supplies, etc. (Do not include costs such as housing, food, transportation, etc.)

Complete the following graph by listing known information and checking boxes appropriately.

Grant(s) and/or Scholarships(s)	Dollar Amount	Received	Pending	Expected Date or Notification
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL STATEMENT:

Write a personal statement describing your career goals, leadership abilities and why you selected this healthcare program. The personal statement should not exceed 250 words.

Blank area for writing the personal statement.

Applicant Signature:

I certify that the above information is correct.

Applicant:

Date:

Counselor:

Date:

and/or

Principal:

Date: