



Jim Lawson Memorial

An investment in the future

Promoting health care in:

Baxter

Bertha

Henning

Ottertail

Sebeka

Verndale

Wadena

Scholarship

The Tri-County Health Care Foundation is a private charity established in 1994 to attract and administer charitable funds for the benefit of the communities and surrounding areas serviced by Tri-County Health Care, (20 mile radius), Wadena, Minnesota.

The Jim Lawson Memorial Scholarship was established in memory of Jim Lawson, administrator of Tri-County Hospital from 1980 to 1995, by the hospital governing board in 1997 to encourage and promote qualified individuals from the hospital's service area to pursue an advanced or graduate level health care career. The scholarship will aid in funding education at any accredited medical training program at any college or university. The scholarship award is not automatically renewed but recipients may reapply in succeeding years. A recipient is selected annually, using a blind selection process from the eligibility criteria as stated below. The award is made without regard to race, color, creed, religion, sex, disability, or national origin. Incomplete applications will not be considered.

Award:

The \$1,000.00 scholarship check will be made payable jointly to the recipient and to the enrolling educational institution and will be sent to the enrolling school in December, 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 advanced or graduate level health care program. It is not transferable between colleges or universities.

Eligibility Criteria:

- Has been accepted in an advanced or graduate level health care program with career goals in the health care field.
- Currently is or has been a resident in the service area (20 mile radius) of Tri-County Health Care, Wadena, MN, or has an immediate family member who resides in the TCHC service area.
- Potential to return to the service area and/or within the Tri-County Health Care system.
- Has demonstrated leadership ability, initiative, and active participation in work, volunteerism, and/or community activity.
- Has a G.P.A. of at least a 2.5 on a 4.0 scale or the equivalent, or meet the minimum G.P.A. requirements established for the college or university's academia if it is higher.
- Submits the required application materials on or before the deadline date of **August 1**.

Required training for a current profession, including continuing education credit, is not eligible. Expenses related to certification or licensures are not eligible. A Selection Committee appointed by the Tri-County Health Care Foundation will determine whether a course of study is eligible.

Application Procedure:

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

1. Signed Application Form
2. Letter of Recommendation
3. Proof of acceptance to an advanced or graduate level health care program
4. Personal Statement
5. Resume' or Biographical Sketch
6. Current Transcript

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

TCHC FOUNDATION

Jim Lawson Scholarship Application

STUDENT DATA:					
Last Name		First Name		Middle Initial	
Home Address					
City		State		Zip Code	
Telephone (home)		(work)		(cell)	
Email Address					
Do you currently live in the Tri-County Health Care service area (20 mile radius)?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, have you previously lived in the Tri-County Health Care service area?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, do you have an immediate family member who resides in the Tri-County Health Care service area?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family member's name			Relationship to Applicant		
Family members address in the Tri-County Health Care service area					
Do you plan on returning to the Tri-County Health Care service area?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

HEALTH CARE PROGRAM DATA:							
College or University							
Address							
Telephone Number							
Advanced or Graduate Level Health Care Program			Currently Enrolled?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Length of Program		Anticipated Start Date					
Cumulative Grade Point Average (G.P.A.)			On a scale of				
Level during the academic year of this application		<input type="checkbox"/> 1 st Year	<input type="checkbox"/> 2 nd Year	<input type="checkbox"/> 3 rd Year	<input type="checkbox"/> 4 th Year	<input type="checkbox"/> 5 th Year	<input type="checkbox"/> 6 th Year

APPLICANT INFORMATION:			
List health care experience for the most recent two (2) years.			
School	Location	Course of Study	Dates
Employment history:			
Employer	Location	Title/Position	Dates

List or describe community service activities in which you have participated and your responsibilities and/or accomplishments.

Activity	Year(s)	Responsibilities and Accomplishments

FINANCIAL INFORMATION:

Estimated annual cost of health care program including tuition, books, supplies, etc. (Do not include costs such as housing, food, transportation, child care, etc.)	\$
Estimated financial assistance to be received for the academic year this application including grants, scholarships, fellowships, etc.	\$

LETTER OF RECOMMENDATION

Using the attached form, include a Letter of Recommendation from a teacher, supervisor, counselor or employer. If the Letter of Recommendation is sealed, the candidate's name and the name of the scholarship should be clearly labeled on the outside of the envelope.

PERSONAL STATEMENT:

Write a personal statement describing your career goals and why you selected the health care program you did. The personal statement should not exceed 250 words.

[Large empty box for writing the personal statement]

Applicant Signature:

I certify that the above information is correct.

Applicant:

Date:

APPLICATION CHECKLIST:

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- Resume' or Biographical Sketch
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Applicant's Name: _____

Recommendation Written By: _____

Relationship to the Applicant: _____

**THE JIM LAWSON MEMORIAL SCHOLARSHIP
of the Tri-County Health Care Foundation**

Letter of Recommendation

To be written by a teacher, counselor, supervisor or employer of the applicant's choice.

The Jim Lawson Memorial Scholarship is awarded annually to an individual to help fund his/her education in an advanced or graduate level health care program. Please write a letter of recommendation for the candidate, which comments on his/her leadership abilities, initiative, and why this award would be significant to the applicant. You may use the space below, the back of this page or a separate sheet.

****NOTE**** *The Selection Committee uses a blind selection process. Please refer to the applicant as "the candidate" or "the applicant", etc. Do not refer to the applicant by name except at the top of this page.*