



*An investment in the future*

Promoting health care in:

# Bernadine Marquardt and Margaret Prindle Scholarship for TCHC Employees

Baxter  
Bertha  
Henning  
Ottertail  
Sebeka  
Verndale  
Wadena

The Bernadine Marquardt and Margaret Prindle Scholarship was established as an endowment memorial from Bernadine Marquardt, Licensed Practical Nurse at Tri-County Hospital (TCH) for 46 years, retiring in 1986 and Margaret Prindle, who retired in 1991 after 48 years of service in the TCH Dietary Department. This scholarship will assist a Tri-County Health Care (TCHC) employee in fulfilling their educational goals. One recipient will be selected each year, as determined by award availability, using a blind selection process from the eligibility criteria 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:

One \$2,000 scholarship check will be made payable jointly to the recipient and to the enrolling educational institution and will be sent to the enrolling school, 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 course of the candidate's educational program after successfully completing the first semester. It is not transferable between colleges or universities. Scholarship winners are not eligible to reapply.

## Applicant Criteria:

1. TCHC employee in good standing.
2. Has demonstrated leadership ability, initiative and active participation in work, volunteerism and/or community activities.
3. Has a G.P.A. of at least a 2.5 on a 4.0 scale or the equivalent, or meets the minimum G.P.A. requirements established for the college or university's academia if it is higher.
4. Submits the required application materials on or before the **deadline date of August 1** of the current year.

## Application Procedure:

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

1. Signed Application Form
2. Letter of Recommendation
3. Personal Statement
4. 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](mailto:ryan.damlo@TCHC.org)

# TCHC FOUNDATION

Bernadine Marquardt and Margaret Prindle Scholarship Application



STUDENT DATA:			
Last	First Name	Middle Initial	
Home			
City	State	Zi	
Telephone (home)	(work)	(cell)	
Email Address			

EDUCATIONAL PROGRAM DATA:			
College or		<input type="checkbox"/>	<input type="checkbox"/>
Address		<input type="checkbox"/>	<input type="checkbox"/>
Telephone		<input type="checkbox"/>	<input type="checkbox"/>
Educational Program	Currently	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Length of Program	Start Date		
Cumulative Grade Point Average (G.P.A.)	On a scale		
Level during the academic year of this			

APPLICANT INFORMATION:			
List 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		
Activity	Year(s)	Responsibilities and Accomplishments

**FINANCIAL INFORMATION:**

Estimated annual cost of educational program including tuition, books, supplies, etc.

\$

Estimated financial assistance to be received for the academic year this application including grants,

\$

**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

**PERSONAL STATEMENT:**

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

**Applicant Signature:**

I certify that the above information is correct.

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Applicant:

Date:

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**APPLICATION CHECKLIST:**

The following materials must be completed and returned by **June 1**:

- Signed Application Form
- Letter of Recommendation
- Personal Statement
- Current Transcript

Applicant's Name: \_\_\_\_\_

Recommendation Written By: \_\_\_\_\_

Relationship to the Applicant: \_\_\_\_\_

**Bernadine Marquardt and Margaret Prindle TCHC Employee 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 Bernadine Marquardt and Margaret Prindle TCHC Employee Scholarship is awarded annually to an employee to help fund his/her education. 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.