



An investment in the future

Frances E. Raatikka Nursing Scholarship

Promoting health care in:

Baxter
Bertha
Henning
Otertail
Sebeka
Verndale
Wadena

The Frances E. Raatikka Nursing Scholarship was established as an endowment memorial to Frances E. Raatikka, Registered Nurse at Tri-County Hospital from September 1965 to February 1995, by her family in 2005. This scholarship will assist a 3rd or 4th year nursing student in an accredited Bachelor of Science Nursing program. One recipient is 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:

The \$2,500.00 scholarship check will be made payable jointly to the recipient and to the enrolling educational institution and will be sent to the enrolling school within two months, 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 3rd or 4th year Bachelor of Science Nursing program. It is not transferable between colleges or universities.

Applicant Criteria:

- Has been accepted into an accredited nursing program at an accredited college or university as a 3rd or 4th year nursing student pursuing a Bachelor of Science Degree.
- Priority for the scholarship will be as follows:
 1. A Licensed Practical Nurse (LPN) currently employed by TCHC pursuing an RN, BSN degree.
 2. A TCHC employee pursuing the RN, BSN degree
 3. A student from the TCHC service (25 miles) area pursuing an, RN, BSN degree
 4. A student planning to seek employment in the TCHC service area as an RN, BSN after graduating.
- Has demonstrated leadership ability, initiative, and active participation in work, volunteerism, and/or community activity.
- Has a G.P.A. of at least a 3.0 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 May 1st** of the current year.

Application Procedure:

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

1. Signed Application Form
2. Letter of Recommendation
3. Proof of acceptance to BSN 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

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

ELIBILITY CRITERIA:		
1. Are you currently an LPN at Tri-County Health Care pursuing an RN, BSN degree?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you currently a Tri-County Health Care employee pursuing an RN, BSN degree?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Do you currently live in the Tri-County Health Care service area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you plan to live in the Tri-County Health Care service area upon completion of the RN, BSN degree?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HEALTH CARE PROGRAM DATA:				
College or University				
Address				
Telephone Number				
Bachelor of Science Nursing Program	Currently Enrolled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Length of Program		Start Date		
Cumulative Grade Point Average (G.P.A.)		On a scale of		
Level during the academic year of this application (BSN)	<input type="checkbox"/> 3 rd Year	<input type="checkbox"/> 4 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:

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

- Signed Application Form
- Letter of Recommendation
- Proof of Acceptance to BSN program
- Personal Statement
- Resume' or Biographical Sketch
- Current Transcript

Applicant's Name: _____

Recommendation Written By: _____

Relationship to the Applicant: _____

**THE FRANCES E. RAATIKKA NURSING 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 Frances E. Raatikka Nursing Scholarship is awarded annually to an individual to help fund his/her education in an accredited BSN 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.