



Essentia Health

St. Mary's Auxiliary Offers Student Scholarships for Lake Superior College Health Division Fields

Criteria:

Scholarships of \$1,500.00 each are offered by St. Mary's Medical Center Auxiliary and its Scholarship Committee.

The scholarships will be awarded to students who have been accepted into (and are taking classes within) their program major. The eligible program majors at Lake Superior College are: Diagnostic Medical Sonography, Medical Laboratory Technician, Nursing AAS, Physical Therapist Assistant, PN Mobility Nursing, Practical Nursing, Radiologic Technology, Respiratory Therapy and Surgical Technology.

Applications are reviewed with an emphasis on past/current volunteer activities. Consideration is also given to demonstrated financial need, academic record and the commitment to caring for the sick and injured. **Applicants must submit an unofficial transcript with the application.**

Applications are due **February 1** and selection will be made by the end of April. The recipients will be officially recognized at the Auxiliary's Annual Meeting in May.

Applicants please note:

The scholarship awards will be in one payment to Lake Superior College in September.

Special note:

Should the student(s) graduate between time of application and the awarding of the funds, those funds will be paid retroactively.

Applicants must provide two references forms which must be mailed directly from the references to:

Essentia Health
St. Mary's Auxiliary, Volunteer Services
407 East 3rd Street, Duluth, MN 55805

When requesting the reference, it is suggested that you provide the individuals with stamped, addressed envelopes along with the Reference Forms.

Only word processed/typed applications will be considered.

**This application will be made available to download via the
Lake Superior College web site.**

Lake Superior College



Essentia Health

St. Mary's Auxiliary

Scholarship

Essentia Health
St. Mary's Auxiliary
Volunteer Services
407 E. Third St.
Duluth, Minnesota 55805
(218) 786-4420

DEADLINE: February 1

No Handwritten Applications Accepted

NAME OF APPLICANT: _____

PRESENT ADDRESS

Street Address: _____ Tel. () _____ - _____
City: _____ State: _____ Zip: _____

PERMANENT ADDRESS

Street Address: _____ Tel. () _____ - _____
City: _____ State: _____ Zip: _____

WHAT IS YOUR AGE? _____

NAME OF HOMETOWN NEWSPAPER: _____

Since personal interviews are not normally used to determine recipients, it is to the candidate's advantage to provide essential information that will aid the Scholarship Committee when making the final selections.

No handwritten applications will be accepted.

Please check the Department/Program in which you are pursuing your degree:

- | | |
|--|--|
| <input type="checkbox"/> Diagnostic Medical Sonography | <input type="checkbox"/> Practical Nursing |
| <input type="checkbox"/> Medical Laboratory Technician | <input type="checkbox"/> Radiologic Technology |
| <input type="checkbox"/> Nursing AAS | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Physical Therapist Assistant | <input type="checkbox"/> Surgical Technology |
| <input type="checkbox"/> PN Mobility Nursing | |

Financial Information:

What is your total educational indebtedness at this point? _____

Describe any unusual circumstances that have a direct impact on your financial need (i.ed., family structure, others in college, life-change events).

If you have had employment in the last 3 years, please list:

EMPLOYER	ORGANIZATION TYPE	DATES	HOURS PER WEEK
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The mission of St. Mary's Medical Center is to enhance the health of people in our region. Give a **CONCISE STATEMENT** citing why you have selected your particular field of study.

Briefly, what do you consider your greatest strength?

St. Mary's Auxiliary is a volunteer organization that provides volunteers and raises money for St. Mary's Medical Center.

Please give a **CONCISE LIST** of your past and current volunteer experience.

(When)	(FOR WHOM/WHERE)	(TYPE OF ORGANIZATION)	(RESPONSIBILITIES)
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Please list the names and titles of the persons from whom you have requested References (Forms #1 and #2) for this application:

(Name)

(Title)

(Name)

(Title)

All the information listed above constitutes my application for the St. Mary's Scholarship and is correct and true to the best of my knowledge and belief.

Date: _____

Signed: _____
Signature of the Applicant

