

## 2024 Health Care Careers Scholarship Program

### Amount

A \$1,000 scholarship to one student from each of the following school districts.

### Eligible School Districts

Annandale School District #876	Buffalo, Hanover Montrose #877
Dassel-Cokato School District #466	Delano School District #879
Howard Lake/Waverly School District #2687	Maple Lake School District #881
Monticello School District #882	Rockford School District #883
St. Michael-Albertville School District #885	

### Selection Criteria and Process

Buffalo Hospital's goals in sponsoring this scholarship are twofold—(1) to support local youth in accessing post-secondary education and (2) to increase the number of youth who pursue careers in health care.

Based upon this goal, we recommend the following selection criteria:

- Acceptance and enrollment in a health care field at a two or four-year post-secondary institution for fall 2024.
- Respect of their peers and teachers.

A selection committee consisting of Buffalo Hospital employees, volunteers and Foundation Board members will review the applications of eligible entries and select one recipient from each participating school district based upon the following two selection criteria:

- Genuine desire to pursue a career in a health care field.
- Previous volunteer, work or life experiences in health care.

### Additional Information

- Applications must be completed using the fillable PDF file (please do not copy to Word or print and complete by hand), proofread and completed fully to be accepted.
- Short letters of recommendation are welcome.
- Winner will be notified via email by early May 2024.

## 2024 Health Care Scholarship Program Scholarship Essay Form

Please **complete the fillable PDF** below and return this form in PDF format to the appropriate guidance counselor at your school. This individual will forward your completed Scholarship Essay Form to Buffalo Hospital Foundation where a committee consisting of Buffalo Hospital employees, volunteers and Foundation Board members will select a single scholarship recipient from your school district.

Please include any short letters of recommendation when submitting your application.

### Student Information

Student Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Name of College you plan to attend: \_\_\_\_\_

Address of College you plan to attend: \_\_\_\_\_

Degree/Certificate you plan to pursue: \_\_\_\_\_

### Essays

Please share why you have chosen to pursue a career in the health care field:

Please share your post-secondary academic and career goals (intended field of study, place of study, position you hope to attain, etc.):

Please describe specific and relevant involvement in school, work, volunteering or life experiences that relate to your health care career goal:

*You may attach additional information or short letters of recommendation to your application (electronically).  
Thank you for your application. We wish you the greatest success in your future.*