

## **Healthcare Scholarship Application**

Location: Albert Lea Austin

APPLICATION DEADLINE: Applications must be received, not postmarked, by March 15, 2025.

Mayo Clinic Health System—Albert Lea and Austin award healthcare scholarships annually in the amount of \$1,000 to 10 individuals in the Albert Lea service area and 10 individuals in the Austin service area. A scholarship committee will review applications and consider factors such as commitment, academic ability, overall character, and attitude of applicants.

To be eligible to apply, students must meet the following criteria:

- · High school seniors who will be graduating in the medical center service area
- · Accepted at an accredited college or technical school
- · Entering a healthcare field
- · Grade point average of at least 3.2
- · Registered for at least 6 credits

**Instructions:** Complete this form. Include a brief essay/personal statement detailing why you have chosen this field of study—describe your future goals and ambitions, and how this scholarship would assist you in attaining them. Return by email to <a href="mailto:nordeng.mary@mayo.edu">nordeng.mary@mayo.edu</a>

For questions regarding this scholarship, contact Mary Nordeng at 507-434-1441 or email nordeng.mary@mayo.edu

## 1. Personal Information Phone Applicant Name (First Middle Last) Home Address City State ZIP Code 2. Academic Information **High School Name GPA** 3. College Information Selected College or Technical School Name City State Major/Program □ Accepted 4. Work Experience List any job you have held in the past three years. Hours per Week Type of Work **Employer Dates of Employment**

## Healthcare Scholarship Application (continued)

☐ Two references

**5. Extracurricular Information** List extracurricular activities for school, community, church, volunteering, etc. You may attach a separate sheet if necessary.

	Gr	ade Pa	rticipa	ted	Time Involved		
Activity	9	10	11	12	Weeks	Hours/Month	Positions Held/Honors Receive
in high school.							
<b>Essay/Personal Statement</b> scholarship would assist you in atta			sheet, v	vrite at	oout your future g	oals and ambitic	ons, and how this
<b>References</b> Attach two letters of or community member.	f recom	menda	tion; or	ne from	n a teacher, and o	ne from a non-re	lative, employer,
. <b>Signature</b> Print to sign and date.							
pplicant Signature							Date (mm-dd-yyyy)
Completed Application Check Application form	dist						1
Essay							

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