MAYO CLINIC HEALTH SYSTEM Non-Traditional Student Healthcare Scholarship Application

## Mayo Clinic Health System-Austin

#### APPLICATION DEADLINE: Applications must be received, not postmarked, by March 15, 2024.

Mayo Clinic Health System aspires to advance the quality of healthcare for future generations by providing scholarship opportunities to students in our service area. Two healthcare scholarships are awarded annually in the amount of \$1,000 each. Applicants will be considered on the basis of commitment, character, leadership, personality/values, and academic ability.

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

- · Non-traditional\* students in our service area
- Accepted at an accredited college or technical school
- · Entering a field of healthcare
- Recipients of a Mayo Clinic Health System scholarship will not be eligible to apply for future scholarships offered by our facility in Austin

**Instructions:** Complete this form. Include a brief essay 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 mail to Mayo Clinic Health System, Attn: Sue Loch, 404 West Fountain Street, Albert Lea, MN 56007.

For questions regarding this scholarship, contact Sue Loch at 507-434-1595 or email loch.susan@mayo.edu.

\*For the purposes of this scholarship, a "non-traditional" student is one who is pursuing post-secondary education five years or more after completing high school, GED, or other post-secondary education.

## **1. Personal Information**

Applicant Name (First Middle Last)		Phone	
Street Address	City	State	ZIP Code

# 2. Academic Information

High School Name		Year Graduated	

### 3. College Information

Selected College	or Technical School Name		Major/Program
□ Accepted	Current GPA (if already enrolled)	Program Length (indicate how far you are if you are already enrolled)	

### 4. Work Experience List any job you have held in the past three years.

Type of Work	Employer	Dates of Employment	Hours per Week

# Non-Traditional Student Healthcare Scholarship Application (continued)

**5. Community Involvement** List any community involvement activities you have participated in over the past three years, including school, church, volunteering, etc. You may attach a separate sheet if necessary.

Time Involved				
Activity	Weeks Hours/Month Positions Held/Honors Rec		Positions Held/Honors Received	

6. References Attach two letters of recommendation to this application from individuals who know you well, excluding relatives.

#### 7. Signature Print to sign and date.

Applicant Signature	Date (mm-dd-yyyy)

## **Completed Application Checklist**

 $\hfill\square$  Application form

□ Essay

□ Two references