

## **Healthcare Scholarship Application**

Supporting Mayo Clinic Health System in Albert Lea

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

**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 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.

1. Personal Information							
Applicant Name (First Middle Last)	Phone	Phone					
Home Address	City		State	ZIP Code			
2. Academic Information							
High School Name	Class Ran	k of	GPA	ACT Score	SAT Score		
3. College Information			·	·			
Selected College or Technical School Na	me	City	City				
Major/Program							
4. Work Experience List any job you	ı have held in the past th	ree years.					
Type of Work	Employ	/er	Dates	Dates of Employment			

## Healthcare Scholarship Application (continued)

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

	Grade Participated			ted	Time Ir	volved	
Activity	9	10	11	12	Weeks	Hours/Month	Positions Held/Honors Received
		_	_				
7. Essay/Personal Statement On assist you in attaining them.	a sepa	rate sh	ieet, wi	rite abo	out your future go	als and ambition	ns, and how this scholarship woul
<ol><li>References Attach two letters of recommunity member.</li></ol>	ecomn	nendat	ion; on	e from	a teacher, and or	ne from a non-re	lative, employer, or
<b>9. Signature</b> Print to sign and date.							
Applicant Signature							Date (mm-dd-yyyy)
Completed Application Checklis  Application form  Essay  Two references	t						

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