



*An investment in the future*

Promoting health care in:

Baxter

Bertha

Henning

Ottertail

Sebeka

Verndale

Wadena

# Scholarship

for Students in a Health Care Field with a tie to  
the Tri-County Health Care service area

The Tri-County Health Care Foundation is a private charity established in 1994 by the hospital to attract and administer charitable funds for the benefit of the communities and surrounding areas serviced by Tri-County Health Care. The Tri-County Health Care Auxiliary Scholarship is established to encourage and promote qualified individuals from the hospital's service area to pursue a health care career. The scholarship will aid in funding education at any accredited training program at any college or university. Recipients are selected using a blind selection process from the eligibility criteria as stated below. Awards are made without regard to race, color, creed, religion, sex, disability, national origin or financial need. Incomplete applications will not be considered.

## Award:

One \$1,000 scholarship is awarded annually. One \$1,000 check will be made jointly to the recipient and to the recipient's chosen post-secondary institution's financial aid officer. The scholarship is to be used for tuition, fees and/or books anytime during the recipient's healthcare program. It is not transferable between colleges or universities.

## Applicant Criteria:

- Is in schooling for a health-related career.
- Has a minimum cumulative grade point average of 3.0 on a 4.0 scale.
- Participates in community activities.
- Express or exhibit a financial need.

## Application Procedure:

The following materials must be completed and postmarked or received by **October 1:**

1. Completed and Signed Application Form. Please print or type.
2. Short Essay describing interest in health related field, not to exceed 250 words.
3. Letter of Recommendation

## Mailing Address:

Tri-County Health Care Auxiliary Scholarship  
415 Jefferson St. North  
Wadena, MN 56482-1297  
Phone: (218) 632-8148  
Fax: (218) 631-7503  
E-mail: ryan.damlo@tchc.org

415 Jefferson Street N, Wadena, MN 56482

Phone 218-632-8148 • Fax 218-631-7503

**TCHC AUXILIARY**  
Scholarship Application



<b>STUDENT DATA:</b>			
Last Name	First Name	Middle Initial	
Email address		Phone #	
Permanent Mailing Address			

<b>HEALTHCARE PROGRAM DATA:</b>	
College or University	
Address	
Healthcare Program	
Length of Program	Anticipated Start Date

<b>APPLICATION INFORMATION:</b>		
Cumulative Grade Point Average (G.P.A. on scale of 4.0)	Class Rank	%
List prior health related jobs or volunteer program involvement:		
List academic and special recognition:		
List school activities and participation:		
List community activities and service:		

**TCHC AUXILIARY**  
Scholarship Application

**FINANCIAL INFORMATION:**

Estimated annual cost of program including tuition, books, supplies, etc. (Do not include costs such as housing, food, transportation, etc.)

Complete the following graph by listing known information and checking boxes appropriately.

Grant(s) and/or Scholarships(s)	Dollar Amount	Received	Pending	Expected Date or Notification
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PERSONAL STATEMENT:**

Write a personal statement describing your career goals, leadership abilities and why you selected this healthcare program. The personal statement should not exceed 250 words.

**Applicant Signature:**

I certify that the above information is correct.

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_